

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

In Re National :
Prescription Opiate :
Litigation :
: MDL No. 2804
:
This document relates : Case No. 17-md-2804
to: :
: Judge Dan Aaron
The County of Summit, : Polster
Ohio, et al., v. Purdue :
Pharma L.P., et al. :
Case No. 1:18-OP-45090 :

Transcript of the video deposition of Julie Barnes, a witness herein, called by the Track One Defendants for examination under the applicable rules of Federal Civil Court Procedure, taken before me, Linda D. Riffle, Registered Diplomate Reporter, Certified Realtime Reporter, Certified Realtime Captioner, and Notary Public in and for the State of Ohio, pursuant to notice and agreement, at the Akron Bar Association, 57 South Broadway Street, Akron, Ohio, on Monday, December 3, 2018, beginning at 8:59 a.m. and concluding on the same day.

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| <p>1 APPEARANCES: 2 ON BEHALF OF THE PLAINTIFF SUMMIT COUNTY, THE 3 CITY OF AKRON, AND THE WITNESS: 4 Jodi Westbrook Flowers, Esq 5 Annie E Kouba, Esq 6 Anne McGinness Kearse, Esq 7 Motley Rice LLC 8 28 Bridgeside Boulevard 9 Mt Pleasant, South Carolina 29464 10 (843) 216-9163 11 Fax: (843) 216-9027 12 jflowers@motleyrice.com 13 (843) 216-9225 14 akouba@motleyrice.com 15 (843) 216-9140 16 akearse@motleyrice.com 17 18 ON BEHALF OF THE PLAINTIFF SUMMIT COUNTY CHILDREN 19 SERVICES: 20 Katerina C Papas, Esq 21 Deputy Executive Director and General Counsel 22 Jonathon D Hart, Esq 23 Legal Counsel/Risk Management Officer 24 Summit County Children Services 25 246 South Arlington Street 26 Akron, Ohio 44306-1354 27 (330) 379-2083 28 Fax: (330) 379-1897 29 kpapas@summitkids.org 30 (330) 379-2041 31 hartj@summitkids.org 32 33 ON BEHALF OF THE DEFENDANT WALMART: 34 Christopher Lomax, Esq 35 Jones Day 36 600 Brickell Avenue 37 Brickell World Plaza 38 Suite 3300 39 Miami, Florida 33131 40 (305) 714-9700 41 Fax: (305) 714-9799 42 clomax@jonesday.com 43 44</p> | <p>Page 2</p> <p>1 APPEARANCES (continued): 2 ON BEHALF OF THE DEFENDANTS ENDO HEALTH 3 SOLUTIONS, INC , ENDO PHARMACEUTICALS, PAR 4 PHARMACEUTICALS, AND PAR PHARMACEUTICAL COMPANIES 5 Heather A Hosmer, Esq (via telephone) 6 Arnold & Porter Kaye Scholer 7 601 Massachusetts Avenue 8 Washington, D C 20001-3743 9 (202) 942-6208 10 Fax: (202) 942-5999 11 heather.hosmer@arnoldporter.com 12 ON BEHALF OF THE DEFENDANT McKESSON CORPORATION: 13 Michelle L Yocom, Esq (via telephone) 14 Covington & Burling LLP 15 One CityCenter 16 850 Tenth Street, NW 17 Washington, D C 20001-4956 18 (202) 662-5103 19 myocum@cov.com 20 ALSO PRESENT: 21 Shaun Crum, Videographer 22 23 --- 24 25</p> |
| <p>1 APPEARANCES (continued): 2 ON BEHALF OF THE DEFENDANT CARDINAL HEALTH, INC : 3 Sara C Schiavone, Esq 4 Porter, Wright, Morris & Arthur, LLP 5 41 South High Street, Suites 2800-3200 6 Columbus, Ohio 43215-6194 7 (614) 227-1994 8 Fax: (614) 227-2100 9 sschiavone@porterwright.com 10 ON BEHALF OF THE DEFENDANT RITE AID CORPORATION: 11 Scott T Schutte, Esq 12 Morgan, Lewis & Bockius LLP 13 77 West Wacker Drive 14 Chicago, Illinois 60601-5094 15 (312) 324-1773 16 Fax: (312) 324-1001 17 sschutte@morganlewis.com 18 ON BEHALF OF THE DEFENDANT INSYS THERAPEUTICS, 19 INC : 20 Heidi A Nadel, Esq 21 Holland & Knight LLP 22 111 S W Fifth Avenue 23 2300 U S Bankcorp Tower 24 Portland, Oregon 97204 25 (503) 517-2951 26 Fax: (503) 241-8014 27 heidi.nadel@hklaw.com 28 ON BEHALF OF THE DEFENDANT AMERISOURCEBERGEN DRUG 29 CORPORATION: 30 Eric L Alexander, Esq 31 Lindsay A DeFrancesco, Esq 32 Reed Smith LLP 33 1301 K Street, Suite 1000 - East Tower 34 Washington, D C 20005 35 (202) 414-9403 36 Fax: (202) 414-9299 37 ealexander@reedsmith.com 38 (202) 414-9286 39 ldefrancesco@reedsmith.com 40 41</p> | <p>Page 3</p> <p>1 S T I P U L A T I O N S 2 --- 3 It is stipulated by and among counsel 4 for the respective parties that the video 5 deposition of Julie Barnes, a witness herein, 6 called by the Track One Defendants for 7 examination under the applicable rules of Federal 8 Civil Court Procedure, may be taken at this time 9 by the Notary pursuant to notice and agreement; 10 that said video deposition may be reduced to 11 writing in stenotype by the Notary, whose notes 12 may thereafter be transcribed out of the presence 13 of the witness; that proof of the official 14 character and qualification of the court reporter 15 is waived; that the witness may sign the 16 transcript of their video deposition before a 17 Notary other than the Notary taking their video 18 deposition; said transcript of their video 19 deposition to have the same force and effect as 20 though the witness had signed the transcript of 21 their video deposition before the Notary taking 22 it. 23 --- 24 25</p> |

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| <p style="text-align: right;">Page 26</p> <p>1 P R O C E E D I N G S 2 --- 3 Monday, December 3, 2018 4 Morning Session 5 --- 6 THE VIDEOGRAPHER: The date is 7 December 3rd, 2018. We are on the record at 8 8:59 a.m. This is the deposition of Julie Barnes 9 in the matter of National Prescription Opiate 10 Litigation in the United States District Court, 11 Northern District of Ohio, Eastern Division. 12 Will counsel please state appearances 13 for the record. 14 MS. FLOWERS: This is Jodi Flowers. I'm 15 here on behalf of Summit County, City of Akron, 16 and the witness. 17 MS. KOUBA: Annie Kouba. I'm also here 18 on behalf of Summit County, City of Akron, and 19 the witness. 20 MS. KEARSE: Anne Kearse, Motley Rice, 21 County of Summit, the City of Akron, and the 22 witness, as well as Children's Services. 23 MS. PAPAS: Katerina Papas, in-house 24 counsel for Children's Services. 25 MR. HART: Jon Hart, in-house counsel</p> | <p style="text-align: right;">Page 28</p> <p>1 something, we'll just have to make sure nobody 2 has joined. 3 THE COURT REPORTER: If you would raise 4 your right hand, please. 5 Do you solemnly swear or affirm the 6 testimony you give will be the truth, the whole 7 truth, and nothing but the truth? 8 MS. BARNES: I do. 9 THE COURT REPORTER: Thank you. 10 --- 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p> |
| <p style="text-align: right;">Page 27</p> <p>1 for Children's Services. 2 MR. LOMAX: Chris Lomax of Jones Day on 3 behalf of Walmart. 4 MS. SCHIAVONE: Sara Schiavone, Porter 5 Wright, on behalf of Cardinal Health. 6 MR. SCHUTTE: Scott Schutte, Morgan 7 Lewis, on behalf of Rite Aid. 8 MS. NADEL: Heidi Nadel, Holland & 9 Knight, on behalf of Insys Therapeusis. 10 MS. DeFRANCESCO: Lindsay DeFrancesco, 11 Reed Smith, on behalf of AmerisourceBergen Drug 12 Corporation. 13 MR. ALEXANDER: Eric -- excuse me. Eric 14 Alexander for AmerisourceBergen Drug Corporation. 15 THE VIDEOGRAPHER: Will the court 16 reporter please swear in the witness. 17 MS. KEARSE: We need to get the people 18 on the phone. 19 THE VIDEOGRAPHER: It says there's 20 nobody on there right now. 21 MS. KEARSE: There's no one on the 22 phone? 23 THE VIDEOGRAPHER: Right now, it's just 24 us. 25 MS. KEARSE: Okay. At a break or</p> | <p style="text-align: right;">Page 29</p> <p>1 JULIE BARNES, 2 of lawful age, being by me first duly placed 3 under oath, as prescribed by law, was examined 4 and testified as follows: 5 EXAMINATION 6 BY MR. ALEXANDER: 7 Q. State your full name for the record, 8 please. 9 A. Julie Barnes. 10 Q. And what is your position, ma'am? 11 A. I'm the executive director at Summit 12 County Children's Services. 13 Q. What's your professional address? 14 A. 264 South Arlington Street in Akron, 15 Ohio 44306. 16 Q. How long have you had the position as -- 17 as executive director? 18 A. I came to the agency as executive 19 director in December of 2013. 20 Q. What was your immediately preceding 21 position? 22 A. I was the executive director of Stark 23 County Job & Family Services. 24 Q. How long did you have that position? 25 A. Approximately six-and-a-half years.</p> |

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| <p style="text-align: right;">Page 30</p> <p>1 Q. So going back to roughly 2006, 2007?</p> <p>2 A. 2007, yes.</p> <p>3 Q. What was your prior position, ma'am?</p> <p>4 A. I was a midlevel administrator at Summit</p> <p>5 County Children's Services over the foster care</p> <p>6 and adoption departments.</p> <p>7 Q. How long did you have that position?</p> <p>8 A. I started that position in 2002.</p> <p>9 Q. And did you have any professional</p> <p>10 employment before 2002?</p> <p>11 A. Yes, I did.</p> <p>12 Q. What was your immediately preceding</p> <p>13 position?</p> <p>14 A. Immediately preceding, I worked for the</p> <p>15 Ohio Department of Job and Family Services as a</p> <p>16 technical assistance manager for the Cleveland</p> <p>17 district office.</p> <p>18 Q. How long did you have that position?</p> <p>19 A. Just a couple of years.</p> <p>20 Q. From when to when?</p> <p>21 A. I don't know that I recall. I think I</p> <p>22 started there in '99, and I left -- and I came to</p> <p>23 Summit County Children's Services in 2002.</p> <p>24 Q. Okay. So why don't we go back to your</p> <p>25 professional education. You graduated from</p> | <p style="text-align: right;">Page 32</p> <p>1 Job and Family Services, which I believe was in</p> <p>2 '99.</p> <p>3 Q. Okay. So roughly the 33 or so years</p> <p>4 since college, you've been in the same general</p> <p>5 field; is that right?</p> <p>6 A. That's correct, yes.</p> <p>7 Q. Do you hold any licenses?</p> <p>8 A. I hold a social work license, an LSW.</p> <p>9 Q. Okay. What level is that for LSW?</p> <p>10 A. Just a -- a licensed social worker.</p> <p>11 Q. Okay. Do you know why you're being</p> <p>12 deposed today?</p> <p>13 A. Not -- I believe I have a general idea,</p> <p>14 yes.</p> <p>15 Q. Can you give me your understanding of</p> <p>16 why you're being deposed?</p> <p>17 A. To talk about what has happened in the</p> <p>18 child welfare perspective related to the opiate</p> <p>19 epidemic and how that has impacted our system and</p> <p>20 the children and families that we serve.</p> <p>21 Q. Okay. And there are a variety of</p> <p>22 lawyers to your right. Have you had meetings to</p> <p>23 prepare for the deposition?</p> <p>24 A. I have had meetings with our counsel,</p> <p>25 yes.</p> |
| <p style="text-align: right;">Page 31</p> <p>1 college in what year?</p> <p>2 A. I graduated from Hiram College in 1985.</p> <p>3 Q. Did you have any professional</p> <p>4 education -- I'm sorry -- any education after</p> <p>5 that?</p> <p>6 A. After that? Yes. I have a master's</p> <p>7 degree in education from Kent State University.</p> <p>8 Q. When did you get that degree?</p> <p>9 A. I believe it was completed in '93.</p> <p>10 Q. Did you work in between?</p> <p>11 A. Yes. Uh-huh.</p> <p>12 Q. What were your jobs immediately after</p> <p>13 Hiram?</p> <p>14 A. Immediately after Hiram, I worked for</p> <p>15 Geauga County Job and Family Services in a number</p> <p>16 of capacities. I started there as a social</p> <p>17 worker in the intake department. So I did case</p> <p>18 work, basically, for child welfare. I was a</p> <p>19 supervisor there, as well, over a number of</p> <p>20 different areas. And my final position with</p> <p>21 Geauga County was as the director of social</p> <p>22 services.</p> <p>23 Q. Okay. And when did that end, that</p> <p>24 position?</p> <p>25 A. When I left to go to Ohio Department of</p> | <p style="text-align: right;">Page 33</p> <p>1 Q. How many meetings?</p> <p>2 A. A couple.</p> <p>3 Q. Do you know about how long total you</p> <p>4 spent in the meetings?</p> <p>5 A. We spent several hours. And, no,</p> <p>6 really, that's -- that's it.</p> <p>7 Q. In connection with those meetings -- I'm</p> <p>8 not asking exactly what they were -- but have you</p> <p>9 reviewed any documents in the meetings?</p> <p>10 MS. FLOWERS: Objection. Form. And</p> <p>11 object to -- I just want to caution the witness</p> <p>12 to not go into any matters we discussed in the</p> <p>13 preparation for your deposition.</p> <p>14 THE WITNESS: Okay.</p> <p>15 MS. FLOWERS: Beyond that, you can</p> <p>16 answer his question.</p> <p>17 THE WITNESS: Yes, we did review</p> <p>18 documents. Uh-huh.</p> <p>19 BY MR. ALEXANDER:</p> <p>20 Q. Were any of the documents documents</p> <p>21 you've never seen before in your normal work</p> <p>22 career?</p> <p>23 A. I don't believe so, no.</p> <p>24 Q. Were they all documents that you'd,</p> <p>25 essentially, written or received in the course of</p> |

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| <p style="text-align: right;">Page 34</p> <p>1 your job as executive director?</p> <p>2 MS. FLOWERS: Object to the form. Lack 3 of foundation.</p> <p>4 THE WITNESS: I believe they were 5 documents that were related to documents we had 6 produced for discovery.</p> <p>7 BY MR. ALEXANDER:</p> <p>8 Q. Okay. And do you have an understanding 9 of what documents have been produced from your 10 group for discovery?</p> <p>11 A. I have a general understanding, yes.</p> <p>12 Q. Did you play any role in gathering or 13 preserving or helping with the production of 14 documents in connection with discovery in this 15 case?</p> <p>16 MS. FLOWERS: Object to the form.</p> <p>17 THE WITNESS: Just in terms of 18 oversight, primarily. I didn't personally gather 19 documents, no.</p> <p>20 BY MR. ALEXANDER:</p> <p>21 Q. Do you have an understanding as to how 22 far back the documents go that were produced --</p> <p>23 A. I --</p> <p>24 Q. -- from your group?</p> <p>25 A. I believe documents were asked for as</p> | <p style="text-align: right;">Page 36</p> <p>1 responsible, of course, for our agency's budget 2 development. Documents I produce in terms of 3 documents for our board of trustees. Those kinds 4 of documents.</p> <p>5 BY MR. ALEXANDER:</p> <p>6 Q. What sort of documents do you receive, 7 typically, I guess, by attachments to e-mails?</p> <p>8 MS. FLOWERS: Object to the form.</p> <p>9 THE WITNESS: I -- I mean, it could be 10 anything from casework-specific documents to 11 agendas for meetings, and I'm . . .</p> <p>12 BY MR. ALEXANDER:</p> <p>13 Q. And the answers about the documents that 14 you would create or receive would be the same 15 categories of documents you should have been 16 creating or receiving since you took the 17 executive director position in 2013?</p> <p>18 MS. FLOWERS: Object to the form.</p> <p>19 THE WITNESS: Correct.</p> <p>20 BY MR. ALEXANDER:</p> <p>21 Q. As far as you know, all of those 22 documents should exist with your name on them?</p> <p>23 MS. FLOWERS: Object to the form. Lack 24 of foundation.</p> <p>25 THE WITNESS: They would exist if they</p> |
| <p style="text-align: right;">Page 35</p> <p>1 far back as 2006.</p> <p>2 Q. And do you know how long documents are 3 that have been produced that have your name on 4 them, let's say?</p> <p>5 A. Well, nothing prior to my start time 6 there in 2013, so probably not.</p> <p>7 Q. You -- actually, nothing from 2013, '14, 8 '15 at all. Do you know why that would be?</p> <p>9 MS. FLOWERS: Object to the form. Lack 10 of foundation.</p> <p>11 THE WITNESS: I don't understand the 12 question.</p> <p>13 BY MR. ALEXANDER:</p> <p>14 Q. No document -- well, when you got the 15 position as executive director in 2013, you 16 started sending and receiving e-mails, correct?</p> <p>17 A. Correct.</p> <p>18 Q. And you generated documents and received 19 documents in the course of your work?</p> <p>20 A. Correct.</p> <p>21 Q. What sort of documents would you have 22 been creating since you took on this position as 23 executive director?</p> <p>24 MS. FLOWERS: Object to the form.</p> <p>25 THE WITNESS: Budget documents. I am</p> | <p style="text-align: right;">Page 37</p> <p>1 have not been destroyed per the record 2 destruction schedule, yes.</p> <p>3 BY MR. ALEXANDER:</p> <p>4 Q. Do you know what the record destruction 5 schedule is?</p> <p>6 A. I don't know it by heart, no.</p> <p>7 Q. I mean, is it less than five years?</p> <p>8 A. It depends on the document, frankly. So 9 it -- you know, it would -- each document has its 10 own retention schedule.</p> <p>11 Q. Okay. Who would know the details of 12 retention for documents applicable to your group?</p> <p>13 A. We have staff in the agency who are 14 responsible for creating the record destruction 15 schedule, but each person who holds a specific 16 document has the responsibility for maintaining 17 that document if they are the person of record, 18 so . . .</p> <p>19 Q. So are there names or titles for people 20 who would be involved in the policies that you 21 referenced?</p> <p>22 MS. FLOWERS: Object to the form.</p> <p>23 THE WITNESS: For the policies?</p> <p>24 BY MR. ALEXANDER:</p> <p>25 Q. Yeah. Policies relating to retention of</p> |

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| <p style="text-align: right;">Page 38</p> <p>1 the documents of various types that Summit County 2 Children's Services would be involved in creating 3 or maintaining. 4 A. Yeah, I don't -- I don't know that we 5 have a policy outside of the schedule, no. 6 Q. And does the schedule have a name? 7 A. It's the record retention schedule. 8 Q. Okay. Is there somebody responsible for 9 making sure that that's followed within your 10 group or suspended because of whatever the legal 11 requirements might be? 12 A. Every person who -- or, for example, 13 every department has specific documents that they 14 maintain as a department. So they have staff 15 within their department that they identify. 16 I don't necessarily know who those 17 people are. But, you know, that may be their 18 administrative assistant who goes through the 19 documents annually and destroys documents per the 20 record destruction schedule. 21 Q. Within your regular scope of duties as 22 executive director, do you ever have a need to go 23 back to documents more than, let's say, two years 24 old to look at what a document was to give you 25 information on how things were in the past or</p> | <p style="text-align: right;">Page 40</p> <p>1 Q. And back when you were director of 2 foster care and adoption at Summit County 3 Children's Service through May of 2017, you would 4 have had documents you were creating and 5 receiving back then too, right? 6 A. That was -- 7 MS. FLOWERS: I'm sorry. Could you -- 8 THE WITNESS: -- May of 2007 actually. 9 BY MR. ALEXANDER: 10 Q. I'm sorry. I misspoke. 11 A. Yes. 12 Q. I'll ask it again. 13 A. Okay. 14 Q. So I think we said that you were 15 director of foster care and adoption at Summit 16 County Children's Services from February 2002 17 through May of 2007; is that correct? 18 A. That is correct. 19 Q. And back when you had that position 20 through May of 2007, there would have been 21 documents that you were involved in creating and 22 receiving in the course of your typical duties, 23 correct? 24 A. I'm sure there were, yes. 25 Q. And did -- have you ever had an occasion</p> |
| <p style="text-align: right;">Page 39</p> <p>1 set -- look at some past policy or budget? 2 MS. FLOWERS: Object to the form. 3 THE WITNESS: Sometimes, yeah. We may, 4 yes. 5 BY MR. ALEXANDER: 6 Q. Do you ever have trouble finding 7 documents from two or three years ago? 8 A. Not if they exist, no. 9 Q. Are -- are there documents that you've 10 looked for that are only two years old that have 11 already been destroyed? 12 A. I -- I don't really know, frankly. I 13 can't recall that. 14 Q. Do you know why there wouldn't be any 15 documents with your name on them before mid 2016 16 produced in this litigation? 17 MS. FLOWERS: Object to the form. 18 THE WITNESS: I don't know. 19 BY MR. ALEXANDER: 20 Q. They should exist, right? 21 MS. FLOWERS: Objection. 22 THE WITNESS: They would exist to 2013 23 if they're still within the record retention 24 schedule, yes. 25 BY MR. ALEXANDER:</p> | <p style="text-align: right;">Page 41</p> <p>1 to look for any documents from that time frame, 2 like 2006, 2007 documents? 3 A. I -- I don't recall looking for 4 documents that old, no. 5 Q. And I'm sensitive to making sure we're 6 not talking -- 7 MS. HOSMER: Sorry to interrupt. I just 8 wanted to let you know that -- this is Heather 9 Hosmer from Arnold & Porter representing ENDO 10 Health Solutions, ENDO Pharmaceuticals, Par 11 Pharmaceuticals, and Par Pharmaceutical 12 Companies. 13 I apologize for interrupting. I'm 14 having technical difficulties connecting. 15 MS. FLOWERS: Is there anybody else on 16 the phone? 17 MS. YOCUM: Michelle Yocum from 18 Covington & Burling representing McKesson. 19 THE COURT REPORTER: I'm sorry. Could 20 you repeat that, please. 21 MS. YOCUM: Sure. Michelle Yocum from 22 Covington & Burling representing McKesson. 23 MS. FLOWERS: Anyone else? 24 (No response.) 25 BY MR. ALEXANDER:</p> |

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| <p style="text-align: right;">Page 42</p> <p>1 Q. Keeping in mind the advice of 2 plaintiffs' counsel earlier about conversations 3 with lawyers -- 4 A. Uh-huh. 5 Q. -- what role did you have in connection 6 with the litigation in terms of preserving, 7 gathering, or producing any documents? 8 A. Very little. 9 Q. Can you explain what it was? 10 A. I did not personally gather or produce 11 documents, so, no, I -- 12 Q. How do you know what's been produced? 13 MS. FLOWERS: Object to the form. 14 THE WITNESS: I -- I -- you know, I know 15 that there was a list of documents to produce. 16 My legal staff handled the production of 17 documents. I -- I did not do that. 18 BY MR. ALEXANDER: 19 Q. In preparation for the deposition -- 20 again, I'm not asking about specific documents -- 21 but did you see any documents with your name on 22 them before mid 2016? 23 A. I don't know specifically if my name was 24 on any documents. I -- like I said, budgets, I 25 know, were produced, for example, which, of</p> | <p style="text-align: right;">Page 44</p> <p>1 plaintiff's counsel and you reviewed documents. 2 A. Did I look at documents -- 3 MS. FLOWERS: Objection to the form. 4 Mischaracterization the testimony. 5 Give me just one second -- okay? 6 THE WITNESS: Yeah. 7 MS. FLOWERS: -- to get my objections 8 in. 9 THE WITNESS: Okay. 10 MS. FLOWERS: Thank you. 11 Sorry. Go ahead. 12 THE WITNESS: Go ahead. 13 BY MR. ALEXANDER: 14 Q. In connection with those meetings and 15 review of documents, did you review documents 16 that were dated 2015 or earlier? 17 MS. FLOWERS: Objection. 18 THE WITNESS: I don't believe so, no. 19 BY MR. ALEXANDER: 20 Q. Out of any of the documents that you 21 reviewed, did any of them refresh your 22 recollection as to things that you had forgotten 23 that you used to know? 24 MS. FLOWERS: Objection. Asked and 25 answered; calls for attorney-client privilege.</p> |
| <p style="text-align: right;">Page 43</p> <p>1 course, I have oversight for budgets. So that 2 would be an example. I don't know that they have 3 my name on them, but those kinds of documents, 4 yes. 5 Q. Meaning you saw some documents before 6 2016 in preparation for the deposition? 7 MS. FLOWERS: Object to the form. 8 THE WITNESS: Yeah, I don't understand 9 the 2016. I -- I don't know where that's -- I 10 don't understand your question there. 11 BY MR. ALEXANDER: 12 Q. Okay. Well, it's just the question. 13 So -- 14 A. Okay. 15 Q. -- did you, in preparing for the 16 deposition, look at any documents that were dated 17 from 2015 or earlier? 18 A. I didn't personally look at any 19 documents that were produced. My understanding 20 was we were asked to produce a list of documents; 21 we produced them. 22 Q. I -- I was asking about the preparation 23 for the deposition. You said you had -- 24 A. Yes. 25 Q. -- multiple meetings with the</p> | <p style="text-align: right;">Page 45</p> <p>1 With that caution, you can answer the 2 question. 3 THE WITNESS: I -- I don't recall if 4 they refreshed my memory on anything in 5 particular, frankly. I don't -- I don't know. 6 BY MR. ALEXANDER: 7 Q. Did any of the documents you looked at 8 provide you information that you once had but no 9 longer could remember? 10 MS. FLOWERS: Objection. Asked and 11 answered. 12 THE WITNESS: I -- I just don't remember 13 if they brought something to mind for me or not. 14 I mean, you know . . . 15 BY MR. ALEXANDER: 16 Q. Let me just ask some specifics about -- 17 about documents. Do you maintain, like, a hard 18 copy file of any sort of subject matter-based 19 information? 20 A. Well, some things. Budgets is another 21 example. I do keep hard copies of budgets, yes. 22 Q. What else do you keep hard copies of 23 besides budgets? 24 A. We keep hard copies of documents -- some 25 of the documents that go to our board, for</p> |

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| <p style="text-align: right;">Page 46</p> <p>1 example. So reports that I produce for the board 2 are generally maintained in a hard copy for some 3 time period until they are imaged.</p> <p>4 Q. Did you have anything to do with 5 producing anything from your hard copy files?</p> <p>6 A. I don't know if it was what was produced 7 from hard copy versus scanned and provided, 8 frankly. I don't know.</p> <p>9 Q. Did somebody come and get your hard copy 10 files --</p> <p>11 A. I --</p> <p>12 Q. -- ever for production?</p> <p>13 A. The only thing I'm aware of that they 14 may have taken of a hard copy file was related to 15 the budgets. I think -- I have the budgets filed 16 in my office in binders, and they took those and 17 scanned those, I believe, so . . .</p> <p>18 Q. Okay. Among the various hard copy files 19 you maintain, the only one you know they took was 20 budgets?</p> <p>21 MS. FLOWERS: Objection.</p> <p>22 THE WITNESS: That's the only one I'm 23 aware of, yes.</p> <p>24 BY MR. ALEXANDER:</p> <p>25 Q. You don't know one way or the other</p> | <p style="text-align: right;">Page 48</p> <p>1 Q. I wasn't done. I didn't really go over 2 the ground rules of deposition, but just like 3 counsel for plaintiff said, try not to speak over 4 her when she's giving her objections; if you 5 could just wait until my question is done --</p> <p>6 A. I apologize. Yes.</p> <p>7 Q. -- I will try to do the same thing with 8 your answer.</p> <p>9 A. Okay.</p> <p>10 Q. Because the court reporter to my left, 11 your right, types down everything everyone says. 12 And it's hard to type down when multiple people 13 are talking at the same time. Even if it's a 14 "yes" or "I understand," it makes a choppy 15 record.</p> <p>16 A. Okay.</p> <p>17 Q. At the end of the day, we want to make 18 sure that what is on the written record, even 19 though there's a video record, represents what 20 you can actually remember and think and know.</p> <p>21 Does that make sense?</p> <p>22 A. It does. And I apologize. I just feel 23 like you asked me the same question, and I don't 24 know how to answer it a different way.</p> <p>25 Q. Okay. Have you ever been deposed</p> |
| <p style="text-align: right;">Page 47</p> <p>1 whether they accessed any of your hard copy 2 files?</p> <p>3 MS. FLOWERS: Object to the form. Asked 4 and answered.</p> <p>5 THE WITNESS: I'm not aware of anyone 6 accessing my hard copy files other than the 7 budgets.</p> <p>8 BY MR. ALEXANDER:</p> <p>9 Q. Okay. Are there departmental files that 10 are maintained? Not just by individuals, like 11 e-mail folders. Are there hard copy -- I mean, I 12 assume there are case files that are maintained, 13 right?</p> <p>14 A. Case files are maintained, yes. And 15 departments, you know, there's data reports and 16 things like that. But, again, I don't know 17 what -- if people keep those in hard copy. They 18 keep them, generally, according to what our 19 schedule says.</p> <p>20 Q. Is there somebody who would know about 21 the details of what's maintained in hard 22 copies --</p> <p>23 A. Every individual --</p> <p>24 Q. -- besides --</p> <p>25 A. -- probably --</p> | <p style="text-align: right;">Page 49</p> <p>1 before?</p> <p>2 A. Yes. Uh-huh.</p> <p>3 Q. In what context?</p> <p>4 A. I was deposed for a malpractice -- 5 medical malpractice lawsuit for an employee some 6 years ago, for a case -- lawsuit in the late 7 '90s, and for a case -- a lawsuit in Stark 8 County, I don't know, ten years ago or so.</p> <p>9 Q. And was that also med- -- medical 10 malpractice, the Stark County case?</p> <p>11 A. The Stark County -- there were two Stark 12 County cases. One was a medical malpractice for 13 an employee. The other one was related to record 14 retention schedule.</p> <p>15 Q. What do you mean?</p> <p>16 A. We were -- the agency and several 17 government agencies were sued by an individual 18 who was requesting records that, basically, they 19 were attempting to identify if you had records 20 that you couldn't produce so that they could 21 request damages. So it was dismissed after -- I 22 believe we had the deposition, but then the case 23 was dismissed.</p> <p>24 Q. Have you ever testified under oath other 25 than those two depositions?</p> |

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| <p style="text-align: right;">Page 50</p> <p>1 A. Well, I testified quite a bit when I was 2 a caseworker for Children's Services. 3 Q. On individual cases? 4 A. Yes. 5 Q. Okay. So I - I can give you a little 6 more of the background. I'm sure you really know 7 this, but you have to answer out loud, with real 8 words, where you can. Head nods and shakes are 9 subject to interpretation, and that's not really 10 the court reporter's job. Just putting down 11 actual words. 12 If you need breaks, we'll take breaks. 13 In general, some of these have gone roughly an 14 hour between breaks, some of them have gone 15 longer. It's really up to the witness and 16 anybody else's needs, maybe bladder, you know, 17 emergencies, that sort of thing. 18 If you don't understand my questions, 19 let me know. I will try to fix them. 20 If there's an objection as to form and 21 you can answer it because you understand the 22 question, go ahead and do that anyway. 23 Does that make sense? 24 A. Yes. 25 Q. Okay. Going back to where we are --</p> | <p style="text-align: right;">Page 52</p> <p>1 maintained? 2 A. Case records are maintained permanently. 3 Q. Are there other records you're aware of 4 that are required to be maintained permanently? 5 A. There are some. I don't know that I 6 know which ones they are off the top of my head 7 without looking at the schedule. 8 Q. Is it typical that you have at least a 9 five-year retention policy for other types of 10 documents?</p> <p>11 MS. FLOWERS: Object to the form. 12 THE WITNESS: It depends on the 13 document. I -- I don't -- I wouldn't want to say 14 it's typical, so I don't -- I don't know.</p> <p>15 BY MR. ALEXANDER:</p> <p>16 Q. Are there any documents you're aware of 17 where you have less than a five-year retention 18 policy?</p> <p>19 A. Yes. 20 Q. What documents? 21 A. Correspondence, for example, is a 22 shorter time period. Transient documents are -- 23 you know, some documents are strictly based on 24 administrative value of maintaining them. So 25 they don't need to be maintained if they're no</p> |
| <p style="text-align: right;">Page 51</p> <p>1 were. Is there -- is there somebody within -- do 2 you just call it Children's Services? How do you 3 refer to your group? 4 A. Children's Services, uh-huh. 5 Q. Is there somebody within Children's 6 Services who is most knowledgeable about where 7 hard copy files are maintained and how they're 8 maintained? 9 A. We have staff in our records department, 10 so our supervisor or department director over 11 records would primarily be the people or persons 12 who would know where records are or how they're 13 stored. 14 Q. And who is that currently? 15 A. The records supervisor is Tim Davidson, 16 and the department director who has records as 17 part of her other duties is Elizabeth Mangon. 18 Q. We talked about case files. Case files 19 have to be maintained for many years, right? 20 They're not subject to a one- or two- or 21 three-year retention policy, correct? 22 A. That's right. 23 MS. FLOWERS: Object to the form. 24 BY MR. ALEXANDER: 25 Q. Do you know how long those have to be</p> | <p style="text-align: right;">Page 53</p> <p>1 longer of administrative value. 2 Q. What about e-mails? You said you've had 3 e-mails since you returned to Summit County in 4 2013, correct? 5 A. Sure. Yes. 6 Q. Did you also have e-mails back in your 7 prior stint there? 8 A. Yes. Uh-huh. 9 Q. And when you came back, did you have 10 access to your old e-mails or you started anew? 11 A. I did not have access to my old e-mails, 12 and as far as I would understand, they would no 13 longer exist. 14 Q. Do you know what your e-mail retention 15 policy is? 16 A. E-mail isn't really a specific document, 17 is my understanding. It is just a forum for 18 communication. So it would really depend on 19 whether it met the criteria of a specific type of 20 correspondence. A policy would have different 21 retention rates or schedules. But e-mail in and 22 of itself isn't listed as a specific item. So it 23 is typically a transient form of communication 24 that once it is of -- no longer of administrative 25 value, it would no longer be retained.</p> |

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| <p style="text-align: right;">Page 54</p> <p>1 Q. What about your own e-mails? How far 2 back do they go that you can access? 3 A. If they're retained, I can access 4 whatever is -- is there. I mean, they go back as 5 long as I retain them. 6 Q. And do you have some sort of filing 7 system where you have subfolders by topic and 8 you -- 9 A. Sure. Yes. 10 Q. -- save important e-mails? 11 A. Uh-huh. 12 Q. And how far back do those go? 13 A. If they're in a folder, they'll go back 14 as far as I keep them, so . . . 15 Q. And do you have things from 2013 in your 16 folders? 17 MS. FLOWERS: Objection. 18 THE WITNESS: I don't know. 19 BY MR. ALEXANDER: 20 Q. Did anybody look at your subfolders in 21 gathering documents -- 22 MS. FLOWERS: Objection. 23 BY MR. ALEXANDER: 24 Q. -- to produce in the litigation as far 25 as you know?</p> | <p style="text-align: right;">Page 56</p> <p>1 Q. -- personal medical issues. 2 A. I had to think about that. But, no, I 3 have not. 4 Q. Okay. Do you have any personal 5 knowledge of any interaction between Summit 6 County or any of its subdivisions, like 7 Children's Services, with any of the defendants? 8 A. The county, no, I -- no, I don't. 9 Huh-huh. No. 10 Q. I'll do it in general. So manufacturers 11 of prescription pharmaceuticals, the various ones 12 who are defendants in this case, do you know what 13 any of them are supposed to have done wrong? 14 A. I mean, I have a general understanding 15 of what I think the issue is and, really, that's 16 been related to manufacturing and distributing 17 and marketing opioids irresponsibly. 18 Q. Have you read any of the legal 19 complaints in this case, the things that are 20 filed with the court setting forth allegations of 21 the plaintiffs? 22 A. I saw the complaint. Yeah. Uh-huh. 23 Q. Okay. When did you read the complaint? 24 A. I -- I really haven't read the entire 25 complaint. It's quite lengthy.</p> |
| <p style="text-align: right;">Page 55</p> <p>1 A. I -- I don't know. I believe if you 2 look at e-mail, the subfolders are part of that, 3 so yeah. 4 Q. Do you know what the specific 5 allegations are against any of the defendants in 6 this case? 7 A. I don't know that I would say I know 8 specific allegations. 9 Q. Do you know the names of any of the 10 defendants? 11 A. Yes. I am aware of some of them, yes. 12 Q. Which ones do you know? 13 A. Purdue Pharma would be one. Janssen 14 Pharmaceuticals, Teva, Rite Aid, Walmart, CVS, 15 Walgreens, you know, to name a few, I guess, 16 but -- 17 Q. Are there others -- 18 A. -- I don't know all of them. 19 Q. Have you had any personal interaction 20 with any of the defendants you named relating to 21 anything about this case? 22 A. No, I have not. 23 Q. I'm not asking you about where you go to 24 fill your prescriptions or -- 25 A. No.</p> | <p style="text-align: right;">Page 57</p> <p>1 Q. Uh-huh. 2 A. I have a copy of it. I have glanced 3 very briefly at it. So I'm not familiar with it 4 in detail. 5 Q. Do you know if any of the allegations in 6 the complaint about the conduct of any of the 7 pharmaceutical manufacturing defendants are 8 accurate? 9 MS. FLOWERS: Object to the form. 10 THE WITNESS: I think that's the point 11 of the lawsuit. I don't know that specifically. 12 BY MR. ALEXANDER: 13 Q. That's what I'm asking you. You're here 14 to be deposed on what you know and don't know. 15 And so some of the questions I'll be asking you, 16 just to make it, you know, clear is what things 17 you don't know, what things you can't say, where, 18 essentially, your knowledge ends. 19 Does that make sense? 20 A. Sure. 21 MS. FLOWERS: Objection. 22 BY MR. ALEXANDER: 23 Q. Okay. So in terms of the allegations in 24 the complaint against any of the drug 25 manufacturing defendants, you don't know if</p> |

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| <p style="text-align: right;">Page 58</p> <p>1 they're true or not -- 2 MS. FLOWERS: Objection -- 3 MR. ALEXANDER: -- correct? 4 MS. FLOWERS: -- to the form and 5 object -- this is a fact witness. This is not a 6 30(b)(6) witness. 7 Answer the question if you can. 8 THE WITNESS: I don't know. 9 BY MR. ALEXANDER: 10 Q. And so there's another category of 11 defendants you identified who would be retail 12 pharmacies, pharmacies where some patient might 13 go and receive a prescription drug pursuant to a 14 prescription written by a licensed health care 15 professional. 16 You mentioned some of those, correct? 17 A. Correct. 18 Q. Do you know what any of the allegations 19 are in the complaint about any of those 20 defendants? 21 A. I think the allegations are the same; 22 that those distributors, as well as the 23 manufacturers, marketed and prescribed 24 medications irresponsibly. 25 Q. You said "prescribed."</p> | <p style="text-align: right;">Page 60</p> <p>1 need to say that again. I'm sorry. 2 Q. Sure. So there are three categories of 3 defendants who have been sued. 4 A. Yeah. 5 Q. Manufacturers of prescription 6 pharmaceuticals; retail pharmacies; and then 7 distributors, wholesalers, kind of between the 8 two of them. 9 A. Uh-huh. 10 Q. In viewing that with those three, you 11 don't know the specific allegations against any 12 of those categories of defendants, correct? 13 MS. FLOWERS: Object to the form. Asked 14 and answered; misstates the witness's testimony. 15 THE WITNESS: I -- I think I did answer 16 that, yes, that the -- those distributors and 17 manufacturers distributed and marketed opioid 18 prescription drugs irresponsibly by sending 19 messages about the safety of those drugs, for 20 example. 21 BY MR. ALEXANDER: 22 Q. So my question was about the specific 23 allegations against all three, and you answered 24 about allegations in general against the 25 manufacturers.</p> |
| <p style="text-align: right;">Page 59</p> <p>1 A. Uh-huh. 2 Q. Do you know any conduct about any of 3 the -- any health care professional, physician or 4 otherwise, who ever prescribed a drug to any 5 patient in Summit County? 6 MS. FLOWERS: Object to the form. 7 THE WITNESS: I know there have been 8 issues related to doctors prescribing medications 9 illegally; that there were some articles in the 10 paper. So, yes, there were a couple of issues, 11 really. 12 BY MR. ALEXANDER: 13 Q. And do you know something other than 14 what you read in the paper? 15 A. No. 16 Q. Do you know why the health care 17 providers, the doctors, the clinics, the people 18 who were writing these excessive prescriptions 19 that you've described, haven't been sued? 20 MS. FLOWERS: Objection. 21 THE WITNESS: I think they have been. 22 BY MR. ALEXANDER: 23 Q. In this case. Why they're not sued in 24 this case. Do you know? 25 A. I mean, the doctors? I -- maybe you</p> | <p style="text-align: right;">Page 61</p> <p>1 Do you know the specifics of any 2 allegations against the pharmaceutical 3 manufacturers? 4 MS. FLOWERS: Objection. Asked and 5 answered. 6 THE WITNESS: I don't understand how 7 that question is different than the last one. 8 I'm sorry. 9 BY MR. ALEXANDER: 10 Q. Do you know what the allegations are 11 against any distributor or wholesaler defendant? 12 MS. FLOWERS: Same objection. 13 THE WITNESS: I don't know how that's 14 different than the last question. I am not 15 understanding your question, I guess. 16 BY MR. ALEXANDER: 17 Q. So not a company that makes a drug -- 18 A. Okay. 19 Q. -- and not a company that actually gives 20 it to a patient at a retail pharmacy -- 21 A. Okay. 22 Q. -- but a company that is involved in 23 distributing drugs from manufacturers to retail 24 pharmacies. Do you know anything about that type 25 of defendant, that -- that intermediary</p> |

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| <p style="text-align: right;">Page 62</p> <p>1 defendant?</p> <p>2 MS. FLOWERS: Objection.</p> <p>3 THE WITNESS: Only that it's the same</p> <p>4 issue -- yes -- the same issue of irresponsibly</p> <p>5 handling that distribution.</p> <p>6 BY MR. ALEXANDER:</p> <p>7 Q. Based on your personal knowledge, do you</p> <p>8 know whether any of the allegations are correct</p> <p>9 or incorrect about any of these defendants in</p> <p>10 regard to what you've described as your general</p> <p>11 understanding about, essentially, excessive</p> <p>12 prescriptions and marketing of prescription</p> <p>13 opioids?</p> <p>14 MS. FLOWERS: Object to the form. Asked</p> <p>15 and answered.</p> <p>16 THE WITNESS: I don't work personally</p> <p>17 with the manufacturers and distributors. I mean,</p> <p>18 what I know is what I hear related to why we've</p> <p>19 had this epidemic that has impacted the community</p> <p>20 and some of the reasons being that, you know,</p> <p>21 people believe that the opioids were not</p> <p>22 addictive, that they were safe, that that's what</p> <p>23 they were told, and that's what they believed.</p> <p>24 And then they used those prescriptions and had --</p> <p>25 became addicted to them.</p> | <p style="text-align: right;">Page 64</p> <p>1 was appropriate or inappropriate?</p> <p>2 MS. FLOWERS: Object to the form.</p> <p>3 THE WITNESS: Yeah. I'm not -- not</p> <p>4 personally, other than, as I said, from a broad</p> <p>5 perspective of what I know and hear from my role</p> <p>6 in the community.</p> <p>7 BY MR. ALEXANDER:</p> <p>8 Q. As part of your job, have you been</p> <p>9 required to research or evaluate anything about</p> <p>10 the specific behavior of any of the defendants in</p> <p>11 this case?</p> <p>12 A. No, I don't believe so.</p> <p>13 Q. As part of your job, have you tried to</p> <p>14 figure out the financial impact on Children's</p> <p>15 Services of anything specifically related to the</p> <p>16 use of prescription opioids?</p> <p>17 A. Yes.</p> <p>18 Q. I want to make sure we define terms here</p> <p>19 for a second. Because if you look through the</p> <p>20 documents of yours that we -- we do have, you use</p> <p>21 a couple different terms. I want to make sure</p> <p>22 that when we talk about them, we're -- we're</p> <p>23 saying the same thing.</p> <p>24 When you talk about substance abuse,</p> <p>25 does that include alcohol, prescription drugs,</p> |
| <p style="text-align: right;">Page 63</p> <p>1 BY MR. ALEXANDER:</p> <p>2 Q. So what you've just said, is that based</p> <p>3 upon personal knowledge that you gathered, or is</p> <p>4 that something you read somewhere like in a</p> <p>5 newspaper or a legal complaint?</p> <p>6 MS. FLOWERS: Object to form.</p> <p>7 THE WITNESS: It -- I think I said that</p> <p>8 that is not -- I don't have any direct dealings</p> <p>9 with the distributors or manufacturers, so it's</p> <p>10 not my personal knowledge. It is what I know</p> <p>11 from reading, from hearing things, from being</p> <p>12 involved in the community in a variety of</p> <p>13 different ways where those things are discussed.</p> <p>14 BY MR. ALEXANDER:</p> <p>15 Q. Okay. Are you talking about information</p> <p>16 you gathered in your role as executive director</p> <p>17 of Children's Services or just as a member of the</p> <p>18 community?</p> <p>19 A. I would say both.</p> <p>20 Q. I want to focus on the first part.</p> <p>21 A. Okay.</p> <p>22 Q. As an executive director of Children's</p> <p>23 Services, do you have any personal knowledge</p> <p>24 about whether any conduct by any of the</p> <p>25 defendants in relation to prescription opioids</p> | <p style="text-align: right;">Page 65</p> <p>1 illegal drugs, and other things?</p> <p>2 MS. FLOWERS: Object to the form.</p> <p>3 THE WITNESS: A substance use disorder</p> <p>4 would include any type of addictive drug, yes --</p> <p>5 BY MR. ALEXANDER:</p> <p>6 Q. And is --</p> <p>7 A. -- including alcohol.</p> <p>8 Q. And is that how it's used in your</p> <p>9 documents, as far as you know, the documents of</p> <p>10 Children's Services?</p> <p>11 A. Well, I mean, "substance use disorder,"</p> <p>12 "substance abuse" is going to be used in a</p> <p>13 variety of different ways. It depends on the</p> <p>14 context of the document specifically.</p> <p>15 Q. So what is an opioid?</p> <p>16 A. An opioid is a specific drug that is</p> <p>17 primarily used for pain management. Hydrocodone,</p> <p>18 OxyContin, Percocet, Darvocet, morphine. Those</p> <p>19 types of drugs are the opiate types.</p> <p>20 Q. So you just said "opiate" in your</p> <p>21 answer. I asked about opioids.</p> <p>22 A. Opioids, yes.</p> <p>23 Q. So what's the difference between opioid</p> <p>24 and opiate?</p> <p>25 MS. FLOWERS: Object to the form.</p> |

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| <p style="text-align: right;">Page 66</p> <p>1 BY MR. ALEXANDER:</p> <p>2 Q. As far as you know.</p> <p>3 A. Well, I think an opiate, specifically,</p> <p>4 is a certain type. An opioid is a more -- the</p> <p>5 more general, broad perspective.</p> <p>6 Q. What's heroin? Where does that fit into</p> <p>7 the scheme that you've been describing?</p> <p>8 A. You know, heroin is a synthetic type of</p> <p>9 drug that is an opiate, but not a prescription.</p> <p>10 Q. What about fentanyl or carfentanil? Do</p> <p>11 you know where those fit into this?</p> <p>12 A. Carfentanil is also a synthetic type of</p> <p>13 drug or can be. It can be a prescription drug.</p> <p>14 I know there are definitely -- fentanyl can be</p> <p>15 prescribed for pain management as well.</p> <p>16 Carfentanil, my understanding, is really a pain</p> <p>17 drug for large animals.</p> <p>18 Q. What about, like, fentanyl analogs?</p> <p>19 Have you ever heard of that term?</p> <p>20 A. I have, yeah.</p> <p>21 Q. Okay. And what's your understanding of</p> <p>22 what that means?</p> <p>23 A. I don't know that I have a good</p> <p>24 understanding of what it means other than there</p> <p>25 are different types of fentanyls and different</p> | <p style="text-align: right;">Page 68</p> <p>1 Q. -- have you gained information about the</p> <p>2 role of heroin in Summit County in terms of</p> <p>3 either substance abuse or overdose deaths or any</p> <p>4 other problem that affects Children's Services?</p> <p>5 MS. FLOWERS: Objection.</p> <p>6 THE WITNESS: Yeah. I mean, heroin is a</p> <p>7 drug that is used by some of the clients that we</p> <p>8 serve, yes.</p> <p>9 BY MR. ALEXANDER:</p> <p>10 Q. Is it one of the biggest problems in</p> <p>11 terms of substance of abuse right now?</p> <p>12 MS. FLOWERS: Object to the form. Lack</p> <p>13 of foundation.</p> <p>14 THE WITNESS: It is a very big problem</p> <p>15 for many of the clients that we serve, yes.</p> <p>16 Uh-huh.</p> <p>17 BY MR. ALEXANDER:</p> <p>18 Q. Has heroin been passed in the last year</p> <p>19 or so by cocaine and methamphetamine with an</p> <p>20 uptick in Summit County --</p> <p>21 MS. FLOWERS: Object to the form.</p> <p>22 BY MR. ALEXANDER:</p> <p>23 Q. -- as far as you know?</p> <p>24 MS. FLOWERS: Lack of foundation.</p> <p>25 THE WITNESS: Passed by? Say -- please</p> |
| <p style="text-align: right;">Page 67</p> <p>1 makeup and -- so, no, I --</p> <p>2 Q. Where does cocaine fit into this? Is</p> <p>3 that an opioid or opiate, as far as you're</p> <p>4 concerned?</p> <p>5 A. Not to my knowledge, no.</p> <p>6 Q. Okay. What about methamphetamine? Is</p> <p>7 that opioid or opiate or something else?</p> <p>8 A. No.</p> <p>9 Q. Something else?</p> <p>10 A. It's something else. It's not an</p> <p>11 opiate.</p> <p>12 Q. Okay. Do you know anything about the</p> <p>13 importation of heroin from other countries that</p> <p>14 eventually makes its way into Summit County? Any</p> <p>15 personal knowledge about that at all?</p> <p>16 A. No.</p> <p>17 Q. Anything about data that would relate to</p> <p>18 heroin usage trends within Summit County?</p> <p>19 MS. FLOWERS: Object to the form.</p> <p>20 THE WITNESS: Yeah, I don't really</p> <p>21 understand the question.</p> <p>22 BY MR. ALEXANDER:</p> <p>23 Q. Okay. Do you -- in connection with your</p> <p>24 job --</p> <p>25 A. Yeah.</p> | <p style="text-align: right;">Page 69</p> <p>1 say it again.</p> <p>2 BY MR. ALEXANDER:</p> <p>3 Q. Has heroin, as a drug of abuse impacting</p> <p>4 Children's Services, been passed by cocaine and</p> <p>5 methamphetamine within the last year or so?</p> <p>6 MS. FLOWERS: Same objection.</p> <p>7 THE WITNESS: Heroin -- from my</p> <p>8 perspective and what I've seen in my agency,</p> <p>9 heroin surpassed cocaine at some point and was</p> <p>10 a -- a primary issue for many of our clients. We</p> <p>11 have seen a resurgence of meth more recently.</p> <p>12 I think much of that is really education</p> <p>13 that's been done around use of opioids and heroin</p> <p>14 and, you know, the many drug overdoses and deaths</p> <p>15 that have occurred. I think we're seeing many</p> <p>16 clients that are switching to using meth because</p> <p>17 they feel it's a more controlled substance that</p> <p>18 they can manage better.</p> <p>19 BY MR. ALEXANDER:</p> <p>20 Q. So let's go back a little bit. So back</p> <p>21 when you were with Summit County in the past, was</p> <p>22 that during when cocaine was at its peak --</p> <p>23 MS. FLOWERS: Objection.</p> <p>24 BY MR. ALEXANDER:</p> <p>25 Q. -- in the early to mid 2000s?</p> |

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| <p style="text-align: right;">Page 70</p> <p>1 MS. FLOWERS: Object to the form.</p> <p>2 THE WITNESS: I don't remember exactly</p> <p>3 when cocaine was at its peak. That may be</p> <p>4 accurate. I just -- I don't remember the year</p> <p>5 the cocaine peaked but --</p> <p>6 BY MR. ALEXANDER:</p> <p>7 Q. Let me just ask in general. Do you</p> <p>8 remember a time when the -- the drug of abuse or</p> <p>9 the substance of abuse that was having the</p> <p>10 biggest impact on Children's Services was cocaine</p> <p>11 and crack? Was that during your time?</p> <p>12 A. Yes. Uh-huh.</p> <p>13 Q. Okay. And there were issues like</p> <p>14 offspring of people who were addicted to cocaine</p> <p>15 in various forms having additional Children's</p> <p>16 Services needs affecting the entire range of</p> <p>17 services provided by Children's Services,</p> <p>18 correct?</p> <p>19 A. Yes.</p> <p>20 MS. FLOWERS: Object to the form.</p> <p>21 THE WITNESS: Uh-huh. Yes.</p> <p>22 BY MR. ALEXANDER:</p> <p>23 Q. And there were also adults who</p> <p>24 interacted with Children's Services where their</p> <p>25 needs were exacerbated or created because of</p> | <p style="text-align: right;">Page 72</p> <p>1 I would say in my 28-year career,</p> <p>2 dealing with opiates has been one of the greatest</p> <p>3 challenges that we've had with our clientele.</p> <p>4 Q. So going back to the 28 years, viewing</p> <p>5 it kind of overall, tracking the substance of</p> <p>6 abuse, what the trends are within that, which</p> <p>7 ones are having the greatest impact and how they</p> <p>8 might change how you provide children's services,</p> <p>9 your budgetary needs, have always been a part of</p> <p>10 your job?</p> <p>11 A. Yes.</p> <p>12 MS. FLOWERS: Object to the form.</p> <p>13 BY MR. ALEXANDER:</p> <p>14 Q. And as you've moved into management and</p> <p>15 pay attention to staffing needs and budget needs,</p> <p>16 you have to track that in kind of a -- not just</p> <p>17 anecdotal way but looking for data analysis and</p> <p>18 more reliable ways to look at the drug of abuse</p> <p>19 or substance of abuse that's impacting the</p> <p>20 provision of children's services, correct?</p> <p>21 MS. FLOWERS: Object to the form.</p> <p>22 THE WITNESS: We -- if you're asking me</p> <p>23 about tracking, I think is the question, we have</p> <p>24 always had some trouble tracking substance abuse</p> <p>25 or type of substances over the years, I mean,</p> |
| <p style="text-align: right;">Page 71</p> <p>1 addiction or even overdose to cocaine in various</p> <p>2 forms, correct?</p> <p>3 MS. FLOWERS: Objection. Form.</p> <p>4 THE WITNESS: Our clients?</p> <p>5 BY MR. ALEXANDER:</p> <p>6 Q. Yes.</p> <p>7 A. Yes. I mean, addiction has always been</p> <p>8 an issue for many of the clients that we serve.</p> <p>9 I think what we have seen more recently is that</p> <p>10 the addiction has increased. So roughly</p> <p>11 estimating, I would say, you know, we've always</p> <p>12 dealt with maybe a third of our population or a</p> <p>13 quarter of our population having some type of</p> <p>14 addiction issue, but they were often issues like</p> <p>15 alcoholism and they were sometimes able to</p> <p>16 function, sometimes able to manage their</p> <p>17 parenting.</p> <p>18 As we saw addiction change to opiates</p> <p>19 and heroin, we see our clients struggling more</p> <p>20 with their addiction. So addiction has certainly</p> <p>21 changed over time in my career. I -- you know,</p> <p>22 alcohol was the primary issue when I was a</p> <p>23 caseworker. Cocaine became an issue at some</p> <p>24 point. Opiates became an issue several years</p> <p>25 ago. So it has certainly changed over time.</p> | <p style="text-align: right;">Page 73</p> <p>1 historically, because there are many places</p> <p>2 throughout a case where substance use can become</p> <p>3 an issue.</p> <p>4 So it could be reported to us at day</p> <p>5 one. It could be something that's identified at</p> <p>6 our disposition of the case. It could be</p> <p>7 something that is identified later in the case if</p> <p>8 we're continuing to serve a family. So there are</p> <p>9 various points and places where addiction and</p> <p>10 type of substance can become an issue.</p> <p>11 BY MR. ALEXANDER:</p> <p>12 Q. Okay. So it's been a challenge to</p> <p>13 accurately track and do data analysis of the drug</p> <p>14 of abuse over time, correct?</p> <p>15 MS. FLOWERS: Objection. Misstates the</p> <p>16 testimony.</p> <p>17 THE WITNESS: Yes, that is correct.</p> <p>18 BY MR. ALEXANDER:</p> <p>19 Q. And over the last several years, there</p> <p>20 have been efforts on a statewide basis, at least,</p> <p>21 to try to improve the data, which has led to kind</p> <p>22 of an increase of the estimate of drug of abuse</p> <p>23 within Children's Services? Clients of</p> <p>24 Children's Services, not employees.</p> <p>25 A. There have been changes to the system</p> |

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| <p style="text-align: right;">Page 74</p> <p>1 over time to try and more accurately reflect 2 substance use and type of drug. 3 Q. Like there's a caseworker blitz a couple 4 years ago with the SACWIS system to try to make 5 sure people were more systematic and thorough in 6 putting in drug of abuse or substance of abuse, 7 correct? 8 A. Yes. 9 Q. Okay. And so before roughly 2016, the 10 data on which drug of abuse was at issue and how 11 often a drug of abuse or substance of abuse 12 played a role in a particular case was less 13 reliable? 14 MS. FLOWERS: Object to the form. 15 THE WITNESS: I don't know that I would 16 say it's less reliable. I would say it was 17 harder to obtain. So if you obtained substance 18 use through a particular field and it, you know, 19 had it listed in that particular field, that's 20 probably accurate data. 21 It's -- the issue is when we get into an 22 underrepresentation because we don't 23 necessarily -- we have to look in so many 24 multiple places to identify it. So that's -- 25 that's where I think often our data is not</p> | <p style="text-align: right;">Page 76</p> <p>1 when that was cocaine, which included overdose 2 deaths, correct? 3 MS. FLOWERS: Object to the form. 4 THE WITNESS: I'm -- I'm sure -- I don't 5 remember the data around cocaine and overdose 6 deaths, so I -- you know, I -- I can't speak to 7 that really, I guess. 8 BY MR. ALEXANDER: 9 Q. There would have been children who 10 entered foster care or had to go through the 11 system in one form or another because of 12 questions about the ability of their parents to 13 take care of them because of cocaine abuse, 14 correct? 15 A. Correct. 16 MS. FLOWERS: Objection. 17 THE WITNESS: Yeah. 18 BY MR. ALEXANDER: 19 Q. And that's still the case today, 20 unfortunately, correct? 21 A. About cocaine? 22 Q. Yes, ma'am. 23 A. Yeah. We still have some cocaine use 24 that we deal with, yes. 25 Q. And, in fact, what we've been describing</p> |
| <p style="text-align: right;">Page 75</p> <p>1 inaccurate, but it's underrepresented. 2 BY MR. ALEXANDER: 3 Q. That's the word I was about to ask you 4 about. 5 A. Yeah. 6 Q. Before 2016 or so, when you were looking 7 at the incidents of substance abuse playing a 8 role in Children's Services' case and identifying 9 the specific substances that were at issue, that 10 would be underrepresented data? 11 MS. FLOWERS: Object to the form. 12 THE WITNESS: I would -- 13 BY MR. ALEXANDER: 14 Q. Or underestimated? 15 A. Yeah, I -- I believe it's 16 underestimated. Yes. 17 Q. Okay. And keeping that caveat in mind, 18 there have been, at different times over your 19 28-year careers, different drugs or groups of 20 drugs that were essentially the biggest concern, 21 the primary culprit from your perspective or that 22 of your colleagues, about what was driving 23 Children's Services' needs, correct? 24 A. Correct. 25 Q. And we talked about there was a time</p> | <p style="text-align: right;">Page 77</p> <p>1 as the trend is that the impact of heroin peaked 2 around 2016. And since then, heroin has dropped, 3 while cocaine and methamphetamine have come back 4 up; is that correct? 5 MS. FLOWERS: Object to the form. Lack 6 of foundation. 7 THE WITNESS: I think we have seen meth 8 recurrence very recently. I -- I mean, I can't 9 put a -- I can't pinpoint a time for you but, 10 primarily, I would say that's more this year. 11 That's more very recent. 12 BY MR. ALEXANDER: 13 Q. And there was a time in the past when 14 meth was at its peak, correct, like mid 2000s? 15 MS. FLOWERS: Object to the form. 16 THE WITNESS: Uh-huh. Yes, there was a 17 time when meth was at its peak, and it's probably 18 mid 2000s. Yes. 19 BY MR. ALEXANDER: 20 Q. Including the time when you had your 21 prior Summit County position as director of 22 foster care and adoption, correct? That would 23 have been during that time period of 2002 to 24 2007? 25 MS. FLOWERS: Object to the form.</p> |
| <p style="text-align: right;">Page 74</p> <p>1 over time to try and more accurately reflect 2 substance use and type of drug. 3 Q. Like there's a caseworker blitz a couple 4 years ago with the SACWIS system to try to make 5 sure people were more systematic and thorough in 6 putting in drug of abuse or substance of abuse, 7 correct? 8 A. Yes. 9 Q. Okay. And so before roughly 2016, the 10 data on which drug of abuse was at issue and how 11 often a drug of abuse or substance of abuse 12 played a role in a particular case was less 13 reliable? 14 MS. FLOWERS: Object to the form. 15 THE WITNESS: I don't know that I would 16 say it's less reliable. I would say it was 17 harder to obtain. So if you obtained substance 18 use through a particular field and it, you know, 19 had it listed in that particular field, that's 20 probably accurate data. 21 It's -- the issue is when we get into an 22 underrepresentation because we don't 23 necessarily -- we have to look in so many 24 multiple places to identify it. So that's -- 25 that's where I think often our data is not</p> | <p style="text-align: right;">Page 76</p> <p>1 when that was cocaine, which included overdose 2 deaths, correct? 3 MS. FLOWERS: Object to the form. 4 THE WITNESS: I'm -- I'm sure -- I don't 5 remember the data around cocaine and overdose 6 deaths, so I -- you know, I -- I can't speak to 7 that really, I guess. 8 BY MR. ALEXANDER: 9 Q. There would have been children who 10 entered foster care or had to go through the 11 system in one form or another because of 12 questions about the ability of their parents to 13 take care of them because of cocaine abuse, 14 correct? 15 A. Correct. 16 MS. FLOWERS: Objection. 17 THE WITNESS: Yeah. 18 BY MR. ALEXANDER: 19 Q. And that's still the case today, 20 unfortunately, correct? 21 A. About cocaine? 22 Q. Yes, ma'am. 23 A. Yeah. We still have some cocaine use 24 that we deal with, yes. 25 Q. And, in fact, what we've been describing</p> |
| <p style="text-align: right;">Page 75</p> <p>1 inaccurate, but it's underrepresented. 2 BY MR. ALEXANDER: 3 Q. That's the word I was about to ask you 4 about. 5 A. Yeah. 6 Q. Before 2016 or so, when you were looking 7 at the incidents of substance abuse playing a 8 role in Children's Services' case and identifying 9 the specific substances that were at issue, that 10 would be underrepresented data? 11 MS. FLOWERS: Object to the form. 12 THE WITNESS: I would -- 13 BY MR. ALEXANDER: 14 Q. Or underestimated? 15 A. Yeah, I -- I believe it's 16 underestimated. Yes. 17 Q. Okay. And keeping that caveat in mind, 18 there have been, at different times over your 19 28-year careers, different drugs or groups of 20 drugs that were essentially the biggest concern, 21 the primary culprit from your perspective or that 22 of your colleagues, about what was driving 23 Children's Services' needs, correct? 24 A. Correct. 25 Q. And we talked about there was a time</p> | <p style="text-align: right;">Page 77</p> <p>1 as the trend is that the impact of heroin peaked 2 around 2016. And since then, heroin has dropped, 3 while cocaine and methamphetamine have come back 4 up; is that correct? 5 MS. FLOWERS: Object to the form. Lack 6 of foundation. 7 THE WITNESS: I think we have seen meth 8 recurrence very recently. I -- I mean, I can't 9 put a -- I can't pinpoint a time for you but, 10 primarily, I would say that's more this year. 11 That's more very recent. 12 BY MR. ALEXANDER: 13 Q. And there was a time in the past when 14 meth was at its peak, correct, like mid 2000s? 15 MS. FLOWERS: Object to the form. 16 THE WITNESS: Uh-huh. Yes, there was a 17 time when meth was at its peak, and it's probably 18 mid 2000s. Yes. 19 BY MR. ALEXANDER: 20 Q. Including the time when you had your 21 prior Summit County position as director of 22 foster care and adoption, correct? That would 23 have been during that time period of 2002 to 24 2007? 25 MS. FLOWERS: Object to the form.</p> |

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| <p style="text-align: right;">Page 78</p> <p>1 THE WITNESS: I don't remember the year. 2 I don't remember specifically if meth was, you 3 know, a primary issue in 2007 to -- 4 BY MR. ALEXANDER: 5 Q. But back then, even -- we can just go 6 2002 forward. From 2002 through 2007, your 7 immediately prior stint with Summit County, 8 people within Children's Services were tracking 9 trends related to substance of abuse and the 10 impact specifically of cocaine or meth or 11 marijuana or alcohol, correct? 12 MS. FLOWERS: Lack of foundation; form. 13 THE WITNESS: Yes. We've always tracked 14 some types of drugs and -- and, as I said, in 15 various places. So yes. 16 BY MR. ALEXANDER: 17 Q. And one of the trends over the last ten 18 years is that marijuana use has gone up, correct? 19 A. I -- I think marijuana use has gone up 20 in the last, you know, ten years, yeah. 21 Q. Alcohol has remained fairly constant, 22 marijuana has gone up, but the other drugs -- 23 methamphetamine, cocaine, heroin -- those go up 24 and down depending on the particular year we're 25 talking about over the last ten years?</p> | <p style="text-align: right;">Page 80</p> <p>1 issue for some of our clients, yes. 2 BY MR. ALEXANDER: 3 Q. And there's not been a time that you're 4 aware of where it's dropped down dramatically so 5 that it -- it's a -- much less of a problem than 6 it used to be? 7 MS. FLOWERS: Objection. 8 THE WITNESS: I don't -- I -- not to my 9 knowledge, no. 10 BY MR. ALEXANDER: 11 Q. Okay. And over the last ten years, your 12 understanding is that marijuana usage, not 13 necessarily causing problems, but in terms of 14 tracking of marijuana usage has gone up, correct? 15 A. I believe so. 16 Q. And there have been times when the other 17 drugs we've talked about or categories of 18 drugs -- heroin, cocaine, and methamphetamine -- 19 which one is most common or of biggest concern 20 for Child- -- Children's Services depends on the 21 particular year because they're -- they have 22 different usage patterns? 23 MS. FLOWERS: Object to the form. Lack 24 of foundation. 25 THE WITNESS: Well, I mean, I feel like</p> |
| <p style="text-align: right;">Page 79</p> <p>1 MS. FLOWERS: Object to the form. 2 THE WITNESS: Are you asking me? 3 BY MR. ALEXANDER: 4 Q. Yes. 5 A. That -- if marijuana -- if marijuana and 6 cocaine and meth have gone up and down -- 7 Q. I -- 8 A. -- is that the question? 9 Q. It wasn't. I can break them up. 10 A. Okay. 11 Q. Over the last ten years, has alcohol 12 use, according to the data you have with its 13 limitations, remained fairly constant that 14 there's a significant portion of your clients and 15 the parents of your clients who have alcohol as a 16 substance abuse -- substance of abuse? 17 A. I don't know if it's remained constant 18 without really looking at -- at it. I -- I don't 19 know that specifically. 20 Q. It's always an issue, right? You -- you 21 don't have a time period where alcohol has gone 22 away as an issue driving the need for children's 23 services? 24 MS. FLOWERS: Object to the form. 25 THE WITNESS: Alcohol has always been an</p> | <p style="text-align: right;">Page 81</p> <p>1 we answered this already, so I -- I guess I'll 2 try to say the same thing. But I think that we 3 saw meth peak at some point, and then it did come 4 down. 5 And that then we saw opiates and heroin 6 really, I think, around 2015, as early as maybe 7 '14 we were starting to hear about it. But, 8 really, at that -- that became an issue in around 9 2015, and '16 was really our primary time where 10 heroin and opiates were exploding in our 11 population. 12 So we saw more of that than we were 13 seeing, certainly, with meth. We have seen a 14 resurgence of meth this year as well. 15 BY MR. ALEXANDER: 16 Q. Have you also seen a resurgence of 17 cocaine over the last year? 18 A. Not to my knowledge. 19 Q. Do you get reports from an 20 epidemiologist employed by the county to give you 21 data on drug usage trends from time to time? 22 A. From time to time, yes. 23 Q. Do you remember getting a report that 24 talks about cocaine and meth are both on an 25 uptick in 2018?</p> |

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| <p style="text-align: right;">Page 82</p> <p>1 A. No, I don't --</p> <p>2 MS. FLOWERS: Object to the form. Lack</p> <p>3 of foundation.</p> <p>4 THE WITNESS: I don't remember</p> <p>5 specifically anything about cocaine being on an</p> <p>6 uptick but . . .</p> <p>7 BY MR. ALEXANDER:</p> <p>8 Q. And when we talk about any of these</p> <p>9 drugs being a drug of abuse or a substance of</p> <p>10 abuse impacting your clients or the -- the</p> <p>11 children in your system, they can all --</p> <p>12 whichever the drug is or the substance of abuse,</p> <p>13 they can all affect the -- the clients in terms</p> <p>14 of impacting child custody, child support, the</p> <p>15 need for foster care, protective services, the</p> <p>16 full range of services that your group provides,</p> <p>17 correct?</p> <p>18 MS. FLOWERS: Object to the form.</p> <p>19 THE WITNESS: Substance abuse can</p> <p>20 certainly impact our clients' ability to take</p> <p>21 care of their children, depending on many other</p> <p>22 factors, of course. So, you know, there are</p> <p>23 behavioral factors and environmental factors that</p> <p>24 go into that, genetic factors that go into that.</p> <p>25 So there's many reasons that substances can</p> | <p style="text-align: right;">Page 84</p> <p>1 cocaine use had been lower than it had been at</p> <p>2 some of the peaks in the past. Is that right so</p> <p>3 far?</p> <p>4 MS. FLOWERS: Objection.</p> <p>5 THE WITNESS: I believe so, yes.</p> <p>6 BY MR. ALEXANDER:</p> <p>7 Q. And I'm not just talking about use in</p> <p>8 the community. I mean use within your clients or</p> <p>9 within the family units that affect your clients,</p> <p>10 correct?</p> <p>11 A. I believe so.</p> <p>12 Q. And, therefore, it would impact the need</p> <p>13 for children's services and the cost of</p> <p>14 children's services.</p> <p>15 MS. FLOWERS: Object to form.</p> <p>16 THE WITNESS: The lack of -- or -- I</p> <p>17 don't understand the question.</p> <p>18 BY MR. ALEXANDER:</p> <p>19 Q. The use of cocaine and methamphetamine</p> <p>20 or marijuana or alcohol that you're tracking over</p> <p>21 time, part of the impact that you're tracking is</p> <p>22 whether they affect your need for additional</p> <p>23 staffing, the quality of services that you're</p> <p>24 providing, the number of clients in the system?</p> <p>25 MS. FLOWERS: Object to the form.</p> |
| <p style="text-align: right;">Page 83</p> <p>1 affect an individual in a different way.</p> <p>2 BY MR. ALEXANDER:</p> <p>3 Q. Okay. Let me ask it this way:</p> <p>4 Children's Services provides a range of services,</p> <p>5 correct?</p> <p>6 A. That's correct, yes.</p> <p>7 Q. And each service that Children's</p> <p>8 Services provides can be impacted by a substance</p> <p>9 of abuse, whether it be alcohol, or marijuana,</p> <p>10 cocaine, heroin, methamphetamine, or something</p> <p>11 else?</p> <p>12 MS. FLOWERS: Object to the form.</p> <p>13 THE WITNESS: Well, our clients might</p> <p>14 need different services based on having a</p> <p>15 substance use disorder.</p> <p>16 BY MR. ALEXANDER:</p> <p>17 Q. Okay. So let's go back to 2013 when you</p> <p>18 took the executive director position because</p> <p>19 maybe it will be helpful --</p> <p>20 A. Okay.</p> <p>21 Q. -- to just kind of walk through what's</p> <p>22 gone on each of these last couple of years.</p> <p>23 A. Uh-huh.</p> <p>24 Q. You said that when you came in in 2013,</p> <p>25 you were aware that the methamphetamine and</p> | <p style="text-align: right;">Page 85</p> <p>1 BY MR. ALEXANDER:</p> <p>2 Q. Correct so far?</p> <p>3 A. Not necessarily. You know, I don't know</p> <p>4 that we really did any cost analysis, for</p> <p>5 example, on meth use. I mean, it was certainly a</p> <p>6 factor. We knew we had clients that used meth,</p> <p>7 just as at some point we had clients that used</p> <p>8 cocaine.</p> <p>9 As I said, we've always had clients that</p> <p>10 have had substance use disorder. I don't know</p> <p>11 that we tracked it specifically around costs</p> <p>12 related to those drugs.</p> <p>13 BY MR. ALEXANDER:</p> <p>14 Q. Let's set aside cost. When you say</p> <p>15 "staffing," one of the things you pay attention</p> <p>16 to as executive director is if you have</p> <p>17 appropriate staffing both in terms of overall</p> <p>18 levels and hiring at different positions to end</p> <p>19 up with appropriate caseloads and quality of</p> <p>20 services that could be provided; is that fair?</p> <p>21 A. Yes. We staff according to the number</p> <p>22 of cases that we're serving so we have -- can</p> <p>23 maintain our caseloads at a manageable level.</p> <p>24 Q. You also track the number of cases that</p> <p>25 are open at any given time to look at whether the</p> |

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| <p style="text-align: right;">Page 86</p> <p>1 staffing is appropriate, correct?</p> <p>2 A. Yes. Uh-huh.</p> <p>3 Q. And within that, you also look at</p> <p>4 whether there are particular drivers of the cases</p> <p>5 or the needs of cases, whether they be, like,</p> <p>6 substance of abuse or language barriers or other</p> <p>7 factors that might affect the need for and amount</p> <p>8 of services on an individual or overall basis --</p> <p>9 MS. FLOWERS: Object --</p> <p>10 BY MR. ALEXANDER:</p> <p>11 Q. -- correct?</p> <p>12 MS. FLOWERS: Object to the form.</p> <p>13 THE WITNESS: That's correct. Yes.</p> <p>14 Uh-huh.</p> <p>15 BY MR. ALEXANDER:</p> <p>16 Q. So there would have been analyses done</p> <p>17 on, essentially, the different substances of</p> <p>18 abuse that were driving Children's Services need,</p> <p>19 not just starting in 2014, '15, or '16, but over</p> <p>20 the years before that as well, correct?</p> <p>21 MS. FLOWERS: Object to the form. Lack</p> <p>22 of foundation.</p> <p>23 THE WITNESS: I don't know that there</p> <p>24 were analyses conducted specifically related to</p> <p>25 the use of meth or cocaine. I don't know that.</p> | <p style="text-align: right;">Page 88</p> <p>1 say, 2014 relating to other drugs or that people</p> <p>2 within Children's Services were doing looked at</p> <p>3 things like staffing needs and caseloads, how</p> <p>4 they would be affected by the -- the substances</p> <p>5 of abuse, correct?</p> <p>6 MS. FLOWERS: Object to the form.</p> <p>7 THE WITNESS: Yeah, I -- I don't know --</p> <p>8 I feel like you asked me the same question, and I</p> <p>9 don't know how to answer it differently.</p> <p>10 We always look at whatever the issues</p> <p>11 are that are impacting our clients when we're</p> <p>12 doing our staffing needs and our program needs,</p> <p>13 yes.</p> <p>14 BY MR. ALEXANDER:</p> <p>15 Q. And there would have been programs</p> <p>16 instituted before 2014 that tried to improve the</p> <p>17 performance of children's services being provided</p> <p>18 to clients to account for the different</p> <p>19 substances of abuse and trends within substances</p> <p>20 of abuse at any given time, correct?</p> <p>21 A. Correct.</p> <p>22 Q. And you said that in 2014 is when you</p> <p>23 recall starting to notice that there was an</p> <p>24 uptick in Children's Services' needs based upon</p> <p>25 the use of heroin, opiates or opioids. I'm not</p> |
| <p style="text-align: right;">Page 87</p> <p>1 BY MR. ALEXANDER:</p> <p>2 Q. What about alcohol or drugs in general</p> <p>3 or -- or marijuana?</p> <p>4 MS. FLOWERS: Object to the form.</p> <p>5 THE WITNESS: I don't know that there</p> <p>6 were any specific analyses related to cost</p> <p>7 conducted on those types of drugs.</p> <p>8 You know, they may have increased</p> <p>9 caseloads, so caseloads may -- we may have had</p> <p>10 more cases, for example, which would have</p> <p>11 required us to hire more staff or to alter our</p> <p>12 services, for example.</p> <p>13 So we -- we may -- we do things like</p> <p>14 train staff specifically around a type of issue</p> <p>15 that the clients may be having. We may try to</p> <p>16 put programs in place for our staff on a certain</p> <p>17 type of issue. So trainings related to heroin</p> <p>18 and opiates, for example. We've done a</p> <p>19 substantial amount of that over the last few</p> <p>20 years for staff so that they understand it</p> <p>21 better.</p> <p>22 BY MR. ALEXANDER:</p> <p>23 Q. And -- and I said for these questions</p> <p>24 just for now I was -- I was setting aside costs.</p> <p>25 The analyses that you were doing before, let's</p> | <p style="text-align: right;">Page 89</p> <p>1 trying to characterize exactly which drug it was.</p> <p>2 But is that right so far?</p> <p>3 A. Yes.</p> <p>4 Q. Okay. And what was your assessment as</p> <p>5 to within that, was that driven by heroin? was</p> <p>6 that driven by illegally obtained drugs? or was</p> <p>7 that driven by some other category of drugs?</p> <p>8 MS. FLOWERS: Object to the form.</p> <p>9 THE WITNESS: I don't know that I have</p> <p>10 an answer for that. I mean, I think we have</p> <p>11 talked about opiates and heroin together. They</p> <p>12 seem to be very strongly linked for our clients.</p> <p>13 Many started on an opiate of some kind that led</p> <p>14 to heroin. So I don't know that in our</p> <p>15 conversations we really deciphered heroin from</p> <p>16 the opiate specifically or a specific type.</p> <p>17 BY MR. ALEXANDER:</p> <p>18 Q. Do you remember -- do you remember</p> <p>19 having specific discussions in 2014 or before</p> <p>20 about this issue of heroin, opiates, or opioids</p> <p>21 impacting children's services in Summit County?</p> <p>22 A. Well, heroin certainly isn't a new</p> <p>23 phenomenon. I mean, it -- that's been, you know,</p> <p>24 something that's been an issue since I've, you</p> <p>25 know, been in child welfare. I don't remember it</p> |

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| <p style="text-align: right;">Page 90</p> <p>1 being a problem specifically that was coming to 2 my attention until around 2014 and really -- 3 real -- much more so in 2015. I think we started 4 to hear about our clients using heroin and 5 opiates in 2014 is when those conversations 6 started to occur. The problem really sort of hit 7 us in 2015.</p> <p>8 BY MR. ALEXANDER:</p> <p>9 Q. The conversations from 2014 that you 10 just referenced --</p> <p>11 A. Uh-huh.</p> <p>12 Q. -- were they between you and other 13 people within Children's Services?</p> <p>14 A. Yes.</p> <p>15 Q. With whom?</p> <p>16 A. Caseworkers and supervisors and, you 17 know, various level of primarily social service 18 staff who were seeing issues with their clients 19 that were heroin related or opiate related, and 20 some of the struggles that they were having in 21 trying to find the right treatment and service 22 plan for those clients because they were really 23 struggling and very difficult to service.</p> <p>24 Q. So back in 2014 when you started having 25 these discussions with your colleagues, did you</p> | <p style="text-align: right;">Page 92</p> <p>1 '16, who was working with Kevin in QI on these 2 sorts of projects that you were initiating? 3 A. We have a department director over our 4 quality improvement department. It is currently 5 Elizabeth Mangon, I mentioned earlier, because 6 she's also over our records department. And 7 prior to -- I don't know when she started because 8 it's been within the last couple of years. We 9 had a prior director over quality improvement who 10 retired.</p> <p>11 Q. And who was the prior director from, 12 like, the 2014 time frame?</p> <p>13 A. Her name is Nealya Carter. Again, I 14 don't know when Nealya Carter left and Liz took 15 over specifically. It was probably after 2014.</p> <p>16 Q. Is that with an "N" or an "M" in her 17 first name? I couldn't quite hear you.</p> <p>18 A. Nealya, you mean? Nealya, N-e-a-l-y-a.</p> <p>19 Q. Okay. So in addition to the initiatives 20 with Kevin Brown in QI, were there another -- 21 were there other measures that you initiated or 22 discussions, at least, that you initiated about 23 ways to make things better or ways to assess what 24 the -- what the problem was, what its impact was?</p> <p>25 MS. FLOWERS: Object to the form.</p> |
| <p style="text-align: right;">Page 91</p> <p>1 ask for there to be any sort of analyses done or 2 proposals put together to look at how to improve 3 the provision of children's services given this 4 change in drug use patterns?</p> <p>5 A. I know that I did start asking some of 6 those questions from our QI staff, for example, 7 maybe as early as 2014. Uh-huh.</p> <p>8 Q. Who's QI?</p> <p>9 A. Quality improvement. Yeah.</p> <p>10 Q. And who would be the folks in there that 11 you would have been having these discussions with 12 about initiating these sorts of analyses back in 13 2014?</p> <p>14 A. We had a analyst who worked in our 15 quality improvement department. His name is 16 Kevin Brown. But Kevin passed away, so -- but he 17 was, you know, our primary researcher and he did 18 all of our -- he pulled all the data for us and 19 did all of our research. So Kevin Brown did 20 primarily all of the research for us until he 21 passed away.</p> <p>22 Q. When did he pass away?</p> <p>23 A. He passed away in -- I believe it was 24 December of 2017.</p> <p>25 Q. Before then, so going back to 2014, '15,</p> | <p style="text-align: right;">Page 93</p> <p>1 THE WITNESS: There were many, many 2 conversations that were beginning to happen 3 community-wide. I mean, so it really was not 4 just in the agency, but we were having community 5 discussions with law enforcement, with our mental 6 health board, with the medical examiner's office, 7 with the courts.</p> <p>8 So there were many discussions that were 9 beginning to pop up throughout the community as 10 early as 2014 about, you know, what was happening 11 and what we were seeing as a community serving 12 clients with substance use disorder and 13 specifically opioid epidemic.</p> <p>14 BY MR. ALEXANDER:</p> <p>15 Q. Including the statewide efforts, task 16 forces, that sort of thing initiated by the 17 governor?</p> <p>18 A. That's right, yes.</p> <p>19 Q. Do you remember participating in that or 20 at least seeing the output of some of those 21 statewide efforts back in 2014?</p> <p>22 A. I don't remember so much about statewide 23 efforts in '14. I -- I do remember some 24 statewide efforts that occurred a little later 25 than that. They were probably in '15 and '16.</p> |

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| <p style="text-align: right;">Page 94</p> <p>1 We have an association that has been very 2 involved from looking at this issue statewide and 3 started really trying to do some tracking of how 4 opiates were impacting our system as a whole 5 statewide has really been an issue statewide and 6 probably nationwide. So they were looking at it 7 from a statewide perspective.</p> <p>8 There were some things certainly that 9 was going on, I think, you know, throughout other 10 administrations at the state level. The attorney 11 general's office did some work around this issue, 12 as well, I think, in 2016.</p> <p>13 Q. The organization you're talking about, 14 what was the name of it?</p> <p>15 A. Public Children's Services Association 16 of Ohio.</p> <p>17 Q. PCSAO?</p> <p>18 A. PCSAO. They are the directors 19 association for Children's Services.</p> <p>20 Q. And you've been involved with them going 21 back to 2013?</p> <p>22 A. Yes. I have been involved with them 23 long-term. I'm on their board, actually.</p> <p>24 Q. Okay. So we'll talk about the 25 coordination within counties and states and all</p> | <p style="text-align: right;">Page 96</p> <p>1 Q. We do have some information about STARS. 2 A. Okay. 3 Q. Not to be confused, but there's a whole 4 other thing called START. 5 A. START. We have that as well, yes. 6 Q. So let's go back to -- to where we were. 7 I was asking about initiatives that you started, 8 anything you set in motion back in 2014. Was 9 there anything else that -- that you started or 10 that you know came to pass because of efforts 11 that you took in 2014 in terms of analyses, 12 projects, changes to best practices, anything 13 like that?</p> <p>14 MS. FLOWERS: Object to the form. 15 THE WITNESS: You know, I'm struggling 16 with the year. I don't -- you know, you're -- 17 you're pinning it to 2014, and I don't know that 18 I can separate out what initiatives occurred in 19 '14 versus '15. So I'm not sure I can answer 20 that accurately.</p> <p>21 BY MR. ALEXANDER:</p> <p>22 Q. Let me just maybe bracket it. Did your 23 ballot initiative pass last month?</p> <p>24 A. Our levy?</p> <p>25 Q. Yes.</p> |
| <p style="text-align: right;">Page 95</p> <p>1 of those sorts of things over the course of the 2 day. I want to go back to kind of the time frame 3 of where we are.</p> <p>4 Were there -- were there other efforts, 5 whether it data collection analysis or looking at 6 ways to improve or assess the impact, any other 7 efforts that you initiated within your group back 8 in the 2014 time frame?</p> <p>9 MS. FLOWERS: Object to the form. 10 THE WITNESS: We were part of a grant, 11 for example. It did not initiate in 2014, but it 12 was certainly ongoing in 2014. We had a federal 13 grant that started in 2012 that is the STARS 14 grant.</p> <p>15 And if you ask me what that stands for, 16 I won't be able to repeat it. I apologize. It's 17 a very long acronym. But it is related to 18 substance abuse and not specific to opiates, but 19 it is for any type of substance abuse. So that 20 was one of the programs that we had implemented 21 and were continuing to work on throughout 2014 22 until it ended this July.</p> <p>23 BY MR. ALEXANDER:</p> <p>24 Q. Okay. We'll go over that. 25 A. Okay.</p> | <p style="text-align: right;">Page 97</p> <p>1 A. Oh. Yes. Our levy passed last month. 2 Q. Okay. 3 A. Yes. 4 Q. And that, itself, was a 5 close-to-two-year process of seeking to get it on 6 the ballot and to try to increase your levy to 7 make sure you have, essentially, the major source 8 of your funding going forward, correct?</p> <p>9 MS. FLOWERS: Object to the form. Lack 10 of foundation.</p> <p>11 THE WITNESS: Correct. It's been an 12 ongoing process, actually, for many years.</p> <p>13 BY MR. ALEXANDER:</p> <p>14 Q. And there are a lot of moving pieces to 15 all of the budgeting --</p> <p>16 A. Yes.</p> <p>17 Q. -- state, federal, private, local 18 levies, correct?</p> <p>19 A. Yes.</p> <p>20 Q. They're --</p> <p>21 MS. FLOWERS: Objection.</p> <p>22 BY MR. ALEXANDER:</p> <p>23 Q. So I know that when we talk about 24 budgeting, it can be a long time frame until you 25 actually see that money is coming in through one</p> |

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| <p style="text-align: right;">Page 98</p> <p>1 of these and some of them involve renewals. So I 2 want to go back to where we were. 3 Were there specific, like, budget 4 requests or efforts made to get additional 5 funding that were initiated back in 2014 or 2015 6 as -- as a result of these observations from 2014 7 that you described? 8 MS. FLOWERS: Object to the form. 9 THE WITNESS: Well, if I understand your 10 correct -- your question, I believe 2015 -- no -- 11 it was 2016 we did a budget adjustment related to 12 placement because of things that had occurred, 13 really, in the prior year. 14 BY MR. ALEXANDER: 15 Q. Okay. Were there changes to best 16 practices that were initiated within Children's 17 Services as a result of these observations or 18 efforts from 2014? 19 MS. FLOWERS: Object to the form. 20 THE WITNESS: You know, there -- there 21 have been a lot of changes to best practices. 22 Again, I -- you're tying it to a specific time 23 period, so that's where I'm struggling to answer 24 your question. I'm -- I'm trying to answer your 25 question. I just don't really -- you're asking</p> | <p style="text-align: right;">Page 100</p> <p>1 our practice and changing it and trying to react 2 to what we have been seeing. 3 BY MR. ALEXANDER: 4 Q. Okay. So I want to make sure we're on 5 the same page when we're talking about 2014 6 because that's when you said you -- although 7 heroin has always been an issue to some extent, 8 you noticed that there was an uptick of heroin 9 and potentially some other drugs that you're 10 lumping together in the opiate and opioid group. 11 That's what we're talking about for 2014. 12 So back then, was there ever a time when 13 you specifically recall you or your staff 14 identifying an uptick in the use of prescription 15 opioids by people who were actually prescribed 16 the opioid and obtained it legally? 17 MS. FLOWERS: Object to the form. 18 THE WITNESS: I -- we started trying to 19 run some reports in '14. I know Kevin was 20 running some reports, and I don't know how good 21 the data is around type of drug in terms of, you 22 know, type of prescription drug. But there -- 23 there definitely were reports that were being 24 looked at as early as 2014. 25 BY MR. ALEXANDER:</p> |
| <p style="text-align: right;">Page 99</p> <p>1 about specifically how do I tie it to '14, and 2 I'm not sure how to do that. 3 But we have done a lot of things in 4 terms of changing practice over several years 5 that started around 2014. We made a lot of 6 changes to the STARS grant, for example, just in 7 how we implement that. We did a lot of training 8 for our staff around substance use disorder and 9 opiates specifically. 10 We have a unit of staff who handles our 11 substance use disorder cases. We've worked a lot 12 with that unit around, you know, their process, 13 their practices. We've put in place trauma 14 screenings for children because we know that 15 children are very traumatized when they come from 16 homes with any substance use disorder. 17 We have put some screens in place where 18 we do a substance use screening at the beginning 19 of the case on all of our cases. We have put 20 some in-home services in place for families who 21 are struggling to keep children safe in their own 22 home. So we have people who go into the homes to 23 assist and support them. We have a couple 24 different programs that do that. 25 So we've -- we're constantly looking at</p> | <p style="text-align: right;">Page 101</p> <p>1 Q. And you would have received those 2 reports from Kevin Brown back then? 3 A. Some of them, yes. 4 Q. So what I'm going to do is say -- so 5 I've given you kind of one category, which is an 6 impact on Children's Service from people who are 7 taking a prescription opioid that was obtained by 8 them legally through a prescription written for 9 them. Does that make sense as a category? 10 A. Yes. Uh-huh. 11 Q. Okay. And then another category would 12 be people who obtain prescription opioids 13 illegally. They steal it, they take somebody 14 else's, they get it on the street, whatever, but 15 they don't have a legal prescription to obtain it 16 legally and don't obtain it legally. That's a 17 second category. Does that make sense? 18 A. Yes. 19 Q. The third would be somebody who isn't 20 taking a prescription opioid at all, they're 21 taking an opiate: heroin, an illegal street drug 22 like fentanyl analog obtained through the mail 23 from China, completely illegal opiates. Does 24 that make sense as a third category? 25 A. Yes.</p> |

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| <p style="text-align: right;">Page 102</p> <p>1 Q. Okay. So we've been talking about some 2 of the things that you've observed and some of 3 the trends. For the first category, have you 4 ever assessed that there's been an impact on 5 Children's Services in terms of the quality of 6 its services provided, its budgetary needs, its 7 staffing needs, anything like that, because of 8 that first category: people who obtain a 9 prescription opioid legally on a prescription 10 written for them?</p> <p>11 MS. FLOWERS: Object to form.</p> <p>12 THE WITNESS: I don't know that we have 13 treated them -- those different categories 14 differently.</p> <p>15 BY MR. ALEXANDER:</p> <p>16 Q. So you're certainly not in a position to 17 offer testimony as to a financial impact or any 18 other impact on Children's Services of that first 19 category, correct?</p> <p>20 MS. FLOWERS: Objection.</p> <p>21 THE WITNESS: The first category --</p> <p>22 MS. FLOWERS: Misstates --</p> <p>23 THE WITNESS: -- being heroin, is that 24 what you said?</p> <p>25 BY MR. ALEXANDER:</p> | <p style="text-align: right;">Page 104</p> <p>1 prescription opioids, correct?</p> <p>2 MS. FLOWERS: Object to the form. Lack 3 of foundation; misstates the witness's testimony.</p> <p>4 THE WITNESS: That's the same question 5 you asked me the last time, I think, unless -- is 6 there something different that I'm missing?</p> <p>7 BY MR. ALEXANDER:</p> <p>8 Q. Do you want to have it read back?</p> <p>9 A. No. I -- I mean, I just -- I'm asking 10 you if you're asking me something different 11 because I feel like I answered that, and I don't 12 know that I'm answering your question.</p> <p>13 Q. I want to make sure you just answer the 14 question that I asked.</p> <p>15 A. Okay.</p> <p>16 Q. I don't -- you know --</p> <p>17 A. So it is the same question? Is that --</p> <p>18 Q. I want to make sure you answer it 19 directly given some of the discussion.</p> <p>20 A. Okay.</p> <p>21 Q. But, I mean, just so you know, 22 obviously, this is a question-answer format where 23 I ask questions, and you provide answers if you 24 understand them.</p> <p>25 So if you need to have the question read</p> |
| <p style="text-align: right;">Page 103</p> <p>1 Q. No. The first category being -- I'll 2 ask it again.</p> <p>3 A. Okay.</p> <p>4 Q. Sitting here today, you're not in a 5 position to offer testimony under oath about a 6 financial impact or an impact on Children's 7 Services because of the use of prescription 8 opioids by somebody who had a legal prescription 9 and obtained the prescription opioid legally 10 pursuant to that prescription, correct?</p> <p>11 MS. FLOWERS: Object to the form.</p> <p>12 Misstates the witness's testimony.</p> <p>13 THE WITNESS: I don't have them 14 separated out that way, no.</p> <p>15 BY MR. ALEXANDER:</p> <p>16 Q. So if -- if we're looking at that 17 specific part of it --</p> <p>18 A. Yes.</p> <p>19 Q. -- that category, the group one or 20 whatever we called it --</p> <p>21 A. Okay.</p> <p>22 Q. -- that one you can't talk about under 23 oath here is the financial impact or some 24 quantifiable or ascertainable impact on 25 Children's Services of that type of use of</p> | <p style="text-align: right;">Page 105</p> <p>1 back or rephrased, I can do that. Do you want to 2 have the question read back?</p> <p>3 A. Sure.</p> <p>4 MR. ALEXANDER: Okay. Can you read back 5 the last question before the inquiry?</p> <p>6 (Question read back as requested.)</p> <p>7 MS. FLOWERS: Object to the form.</p> <p>8 Misstates the witness's testimony; and asked and 9 answered.</p> <p>10 THE WITNESS: I don't understand the 11 question.</p> <p>12 BY MR. ALEXANDER:</p> <p>13 Q. So if the issue was talking about, 14 essentially, the financial impact on Summit 15 County through Children's Services because of the 16 use of prescription opioids -- you with me so 17 far?</p> <p>18 A. Uh-huh.</p> <p>19 Q. Okay. That all you can say is that any 20 testimony that you can provide on the subject of 21 financial impact would not differentiate between 22 the impact of heroin and other completely 23 illegally obtained drugs versus illegally 24 obtained prescription drugs versus legally 25 obtained prescription drugs, correct?</p> |

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| <p style="text-align: right;">Page 106</p> <p>1 MS. FLOWERS: Objection. Lack of 2 foundation; asked and answered.</p> <p>3 THE WITNESS: The information that I 4 have would be all of those categories together.</p> <p>5 BY MR. ALEXANDER:</p> <p>6 Q. And you're not aware of anything that's 7 differentiated between them, correct?</p> <p>8 MS. FLOWERS: Objection.</p> <p>9 THE WITNESS: Well, we can differentiate 10 between them in some places in the case. So 11 there- -- therein lies the problem. So it 12 depends on if it was put in as a drug type, which 13 there were not places, really, to put that until 14 more recently, or where it was put in in the case 15 and if it identified a drug type.</p> <p>16 BY MR. ALEXANDER:</p> <p>17 Q. All right.</p> <p>18 A. Yes.</p> <p>19 Q. Keeping in mind those limitations on 20 data and what you've said --</p> <p>21 A. Yes.</p> <p>22 Q. -- sitting here today, can you provide 23 testimony as to the financial impact on Summit 24 County Children's Services of prescription 25 opioids obtained legally as opposed to all the</p> | <p style="text-align: right;">Page 108</p> <p>1 2016, there's more uncertainty about what the 2 particular drug would be, whether it be a 3 prescription opioid, an illegal opiate, 4 marijuana, meth, alcohol, whatever, correct?</p> <p>5 MS. FLOWERS: Object to the form. Lack 6 of foundation.</p> <p>7 THE WITNESS: Correct.</p> <p>8 BY MR. ALEXANDER:</p> <p>9 Q. Okay. And so I'm going to go down, 10 like, another more narrow thing than what we were 11 just talking about.</p> <p>12 A. Okay.</p> <p>13 Q. So bear with me.</p> <p>14 You mentioned at the very start some of 15 the prescription drugs you're aware of that were 16 made by different manufacturers.</p> <p>17 A. Uh-huh.</p> <p>18 Q. Do you remember you named some?</p> <p>19 A. Uh-huh. Yes.</p> <p>20 Q. You couldn't, then, do something where 21 you'd say, "Here's the -- the financial impact on 22 Summit County Children Services from specific 23 drugs or groups of drugs that were distributed 24 and obtained in a legal fashion," correct?</p> <p>25 MS. FLOWERS: Form. Asked and answered.</p> |
| <p style="text-align: right;">Page 107</p> <p>1 other types of illegal opiate use?</p> <p>2 MS. FLOWERS: Objection. Asked and 3 answered.</p> <p>4 THE WITNESS: No. I -- I can't do that 5 today.</p> <p>6 BY MR. ALEXANDER:</p> <p>7 Q. Okay. And you don't have any data 8 analysis undergoing -- or ongoing right now that 9 would allow you to provide that information, 10 correct?</p> <p>11 MS. FLOWERS: Same objection.</p> <p>12 THE WITNESS: I don't have a specific 13 data analysis going on. There -- there are more 14 accurate ways of capturing drug type now that we 15 may be able to pull some different types of data 16 that's more recent, but that was a recent change 17 to the state system.</p> <p>18 BY MR. ALEXANDER:</p> <p>19 Q. Over, essentially, the last two years, 20 SACWIS provides a little bit more --</p> <p>21 A. Yes. Correct.</p> <p>22 Q. -- ability to identify a preferred drug 23 or drug of choice, correct?</p> <p>24 A. Correct. Uh-huh.</p> <p>25 Q. And which means that looking before</p> | <p style="text-align: right;">Page 109</p> <p>1 THE WITNESS: By type of -- specific 2 type of drug, no, I -- I don't think so.</p> <p>3 BY MR. ALEXANDER:</p> <p>4 Q. Okay. And certainly not by manufacturer 5 of drug, you couldn't do that?</p> <p>6 A. Definitely not.</p> <p>7 Q. And you couldn't do that by which 8 company distributed the drug, correct?</p> <p>9 A. No.</p> <p>10 Q. Meaning correct, you couldn't do that?</p> <p>11 A. Correct.</p> <p>12 Q. And you couldn't do it by which company 13 or chain or individual pharmacy dispensed a drug, 14 correct?</p> <p>15 A. No. We -- we wouldn't necessarily know 16 that.</p> <p>17 Q. Okay. So when you're talking about kind 18 of a financial impact or an impact on staffing 19 needs and budgeting needs and some of the other 20 measures that have been used to track the impact 21 of what you've variously described as heroin 22 crisis, opiate crisis, or opioid crisis, all of 23 that is lumping everything together, including 24 all the illegal -- all the illegal use of this 25 category of opiates, correct?</p> |

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| <p style="text-align: right;">Page 110</p> <p>1 MS. FLOWERS: Objection to the form. 2 THE WITNESS: Correct. 3 MS. FLOWERS: We've been going -- 4 MR. ALEXANDER: Is now a good time for a 5 break? 6 THE WITNESS: Sure. 7 THE VIDEOGRAPHER: Off the record at 8 10:22 a.m. 9 (Recess taken.) 10 THE VIDEOGRAPHER: Back on the record at 11 10:49 a.m. 12 BY MR. ALEXANDER: 13 Q. Ms. Barnes, we're coming back from our 14 first break. Is there any of your testimony thus 15 far you need to change or supplement in any way? 16 A. I don't believe so. 17 Q. Have you thought of anything else that 18 was responsive to my questions this morning? 19 MS. FLOWERS: Objection. Asked and 20 answered. 21 THE WITNESS: No. I mean, I don't -- I 22 don't think so. 23 BY MR. ALEXANDER: 24 Q. Okay. I'm going to -- before we lose 25 the trail of some of the things we talked about,</p> | <p style="text-align: right;">Page 112</p> <p>1 trends of how people end up as heroin users, 2 which -- what percent of them start out with 3 heroin as their first drug, that sort of thing? 4 MS. FLOWERS: Object to form. 5 THE WITNESS: As part of my job and just 6 personally, I read all kinds of things that talk 7 about the link between prescription drugs and 8 heroin use. 9 BY MR. ALEXANDER: 10 Q. Is there some specific information from 11 within your job in terms as something that's 12 happened in Summit County that lets you say that 13 some percentage of people who interact with 14 Children's Services started with a prescription 15 opioid obtained legally on a prescription written 16 for them and then went on to heroin or other 17 illegal drugs? 18 MS. FLOWERS: Object to form. 19 THE WITNESS: We don't -- we don't know 20 that necessarily or track that specifically, so 21 no. 22 BY MR. ALEXANDER: 23 Q. Do you know anything about the 24 percentage of people within your client 25 population who are heroin users that heroin was</p> |
| <p style="text-align: right;">Page 111</p> <p>1 I want to make sure that I'm clear on exactly 2 where you are on some of these issues. 3 You mentioned in the course of at least 4 one of your answers a concept that some people 5 might start with a prescription opioid, whether 6 written for them or not, and eventually move on 7 to other drugs of abuse. 8 Do you remember saying something along 9 those lines? 10 A. Yes. 11 Q. Okay. Do you have any -- any data 12 within Children's Services where you've tracked 13 that, or is that just something that you 14 understand from press accounts or other 15 information? 16 MS. FLOWERS: Object to the form. 17 THE WITNESS: We have not tracked that 18 by individual client. Really, that statement is 19 based on just the broader research out there 20 related to when people start with a prescription 21 drug and move to heroin. 22 BY MR. ALEXANDER: 23 Q. When you say "the broader research," as 24 part of your job, are you reviewing scientific 25 literature relating to drug abuse trends and</p> | <p style="text-align: right;">Page 113</p> <p>1 the first illegal drug they used or first opiate 2 drug they used? 3 A. Well, we don't track that specifically 4 for our population, so I just assume it mirrors 5 the general population statistically for the link 6 between prescription drugs and heroin. 7 Q. Is there some specific medical 8 literature or scientific literature you're 9 talking about, about this concept of gateway 10 drugs leading to heroin use? 11 A. Well, I think there's a lot of 12 literature out there about that. You know, I 13 know the American Medical Association has 14 produced some literature, but there's lots of 15 different literature out there around the link 16 between prescription drugs and heroin, yes. 17 Q. So my question was: Is there some 18 specific literature you're thinking of when you 19 talk about this concept of gateway drugs leading 20 to heroin use? 21 A. The one that comes to my mind is -- 22 specifically is the American Medical Association 23 literature. 24 Q. Okay. And you're -- 25 A. Yes.</p> |

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| <p style="text-align: right;">Page 114</p> <p>1 Q. -- aware that about 20 percent of heroin 2 users use heroin as their first drug of abuse?</p> <p>3 MS. FLOWERS: Object to the form. Lack 4 of foundation.</p> <p>5 THE WITNESS: I don't know the 6 percentage who start specifically with heroin. I 7 was referring to the percentage that start with 8 prescription drugs to heroin.</p> <p>9 BY MR. ALEXANDER:</p> <p>10 Q. Okay. Well, if you're looking at the 11 people who are ultimately abusers of heroin who 12 might have the sorts of overdose and other 13 impacts that would affect Children's Services, 14 you might start with heroin and look back at how 15 they got there. That's why you talked about 16 prescription opiates being the first drug, 17 correct?</p> <p>18 MS. FLOWERS: Object to the form.</p> <p>19 THE WITNESS: I don't know that we 20 always know how they got there, no. I don't 21 know.</p> <p>22 BY MR. ALEXANDER:</p> <p>23 Q. In fact, you usually don't know how they 24 got there?</p> <p>25 A. No, I don't --</p> | <p style="text-align: right;">Page 116</p> <p>1 THE WITNESS: We may know on some of 2 them, but I don't know that we know that 3 generally, no. I don't think that's a -- I'm not 4 aware of that.</p> <p>5 BY MR. ALEXANDER:</p> <p>6 Q. You said earlier that your impression 7 over time in your 28 years in the field is about 8 a quarter to a third of all your clients in 9 Children's Services are going to be abusers of 10 some type of substance. Do you remember that 11 testimony?</p> <p>12 MS. FLOWERS: Object to the form.</p> <p>13 THE WITNESS: I remember saying 14 historically that we've always had a population, 15 which is probably roughly a quarter to a third of 16 our population, has always had some substance use 17 disorders. More recently, that is a much higher 18 number.</p> <p>19 BY MR. ALEXANDER:</p> <p>20 Q. And do you have some specific data or 21 documents that support those numbers, or is that 22 your general impression?</p> <p>23 A. Oh, no. We have pulled some data around 24 substance use disorders specifically for more 25 recent years being -- so we could compare that to</p> |
| <p style="text-align: right;">Page 115</p> <p>1 MS. FLOWERS: Object to form.</p> <p>2 THE WITNESS: I -- I doubt that we know 3 specifically how someone got from -- if they 4 started with prescription to heroin, so no.</p> <p>5 BY MR. ALEXANDER:</p> <p>6 Q. Or if they started with nicotine or 7 marijuana or something else and never used a 8 prescription opioid, correct?</p> <p>9 MS. FLOWERS: Object to the form. Lack 10 of foundation.</p> <p>11 THE WITNESS: I'm not aware of that 12 being linked to -- to heroin use, but --</p> <p>13 BY MR. ALEXANDER:</p> <p>14 Q. Well, the strongest --</p> <p>15 A. -- nicotine or --</p> <p>16 Q. -- correlation with heroin is nicotine.</p> <p>17 A. Okay. I'm not aware of that.</p> <p>18 MS. FLOWERS: Objection.</p> <p>19 BY MR. ALEXANDER:</p> <p>20 Q. Okay. So in terms of the people in your 21 system who are heroin users, you're not going to 22 know the course of which drugs they took over 23 time to get to be heroin users, correct?</p> <p>24 MS. FLOWERS: Object to form. Misstates 25 the testimony.</p> | <p style="text-align: right;">Page 117</p> <p>1 prior years.</p> <p>2 Q. Okay. As we said, a comparison to years 3 before 2016 runs into some of the data 4 analysis -- or -- or data input issues from 5 SACWIS about drug of choice, correct?</p> <p>6 A. Well, I mean, again, it depends on how 7 you look at it. So if you looked at the same 8 field in 2012 that you're looking at in 2016, you 9 would be getting consistent data there.</p> <p>10 Q. Assuming the input practices were the 11 same between the years?</p> <p>12 A. Yes.</p> <p>13 Q. And we know they weren't because there 14 was a caseworker blitz to try to address the 15 inconsistencies and input practices within all 16 the fields in SACWIS that related to drug use, 17 correct?</p> <p>18 MS. FLOWERS: Object to the form. Lack 19 of foundation.</p> <p>20 THE WITNESS: The caseworker blitz was 21 very specific to asking the workers to put a 22 type -- drug type into a specific field so that 23 we could try to pull some data out of that field. 24 So that was one particular field. So when I say, 25 you know, my knowledge about substance abuse</p> |

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| <p style="text-align: right;">Page 118</p> <p>1 previously to substance abuse currently, that was 2 not pulled out of the same field that they did 3 the caseworker blitz for.</p> <p>4 BY MR. ALEXANDER:</p> <p>5 Q. Okay. So is there a specific field 6 within SACWIS over time that allows you to say 7 you have roughly a quarter to a third of your 8 clients that have some substance abuse issues?</p> <p>9 A. There are -- there are a variety of 10 different fields. So what we've, I think, tried 11 to do is use something where we could get some 12 consistent comparison.</p> <p>13 So I believe our comparison has been 14 related to the case plan. We've actually looked 15 at it a couple different ways. We've looked at 16 the case plan document that -- whether or not it 17 identified substance abuse as a reunification 18 factor, or in a general case plan whether 19 substance abuse was identified as a part of the 20 service plan.</p> <p>21 Q. And do you think that that supports 22 overall that there's been a trend of roughly a 23 quarter to a third of the clients have some sort 24 of substance abuse factoring in to the reason why 25 they're interacting with Children's Services?</p> | <p style="text-align: right;">Page 120</p> <p>1 accurate -- with any accuracy. I -- I don't 2 think so statewide it was successful in terms of 3 whether a county complied or they didn't comply 4 with putting it in.</p> <p>5 So I think it's a place now where if we 6 looked in that -- it's the person characteristics 7 field. And I think if we looked in the person 8 characteristics field, we might get more accurate 9 data out of the person characteristics field.</p> <p>10 But that is just one field in SACWIS 11 that I don't think you can go back and look at 12 that in terms of comparison and be as accurate, 13 where I think the case plan, the reunification 14 case plan, is more accurate but, perhaps, 15 underrepresented.</p> <p>16 Q. Okay. Can you just -- I think we 17 haven't said what it is. Do you know what SACWIS 18 stands for?</p> <p>19 A. Statewide Automated Child Welfare 20 Information System.</p> <p>21 Q. And does your staff utilize that 22 database?</p> <p>23 A. Yes, they do.</p> <p>24 Q. They put information into it and run 25 reports or ask that reports be run out of it,</p> |
| <p style="text-align: right;">Page 119</p> <p>1 A. I think it showed that it was about a 2 quarter to a third around 2012, but it showed 3 around 2015 and '16 that it was closer to 4 50 percent, so . . .</p> <p>5 Q. And that there was -- if you look at the 6 way SACWIS data gets entered -- because they 7 capture it sequentially as you add data, correct? 8 Like, you can look at iterations of each file.</p> <p>9 A. I don't know what you mean, iterations 10 of a child, but there are --</p> <p>11 Q. Each file.</p> <p>12 A. -- it is captured sequentially, yes.</p> <p>13 Q. Okay. So that we know that as a result 14 of the caseworker blitz in 2016, that these 15 percentages climbed significantly as data got 16 entered, including about 2015, correct?</p> <p>17 A. I think the caseworker blitz had an 18 impact on our staff's knowledge that they needed 19 to do a better job of capturing data around 20 substance use and type of substance. So I think 21 it had an impact in terms of helping us to be 22 more accurate or put it into certain places.</p> <p>23 I don't think the caseworker blitz 24 specifically really -- I don't know that we use 25 that data specifically for any, you know,</p> | <p style="text-align: right;">Page 121</p> <p>1 correct?</p> <p>2 A. That's correct.</p> <p>3 Q. Is there any information in SACWIS that 4 has the specifics for drug of choice when it 5 comes to a prescription drug that would allow 6 somebody to figure out which particular drug 7 they're using if it's a prescription opioid, how 8 they get that drug if it's a prescription opioid?</p> <p>9 MS. FLOWERS: Object to the form.</p> <p>10 THE WITNESS: Are you asking me how they 11 get the drug or if -- what drug they're -- I 12 don't understand the question.</p> <p>13 BY MR. ALEXANDER:</p> <p>14 Q. It's actually both, but I can break it 15 up.</p> <p>16 A. That would be better.</p> <p>17 Q. In SACWIS, is there any information when 18 something is identified as the patient's drug of 19 choice is an opioid, that they would specify 20 which particular chemical or brand names they're 21 using?</p> <p>22 A. There are places in SACWIS that do that, 23 yes.</p> <p>24 Q. Okay. And does it have the specifics 25 where you could see whose, like, particular drug</p> |

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| <p style="text-align: right;">Page 122</p> <p>1 it is as opposed to a category of drug since some 2 of the prescription opioids are -- are fairly 3 similar and there are generic versions? Does it 4 have that level of consistent details where you 5 could actually say, "This person takes this 6 particular manufacturer's particular prescription 7 drug"?</p> <p>8 MS. FLOWERS: Object to the form.</p> <p>9 THE WITNESS: It doesn't have anything 10 related to manufacturers.</p> <p>11 BY MR. ALEXANDER:</p> <p>12 Q. Okay. And what about how somebody gets 13 the drug when their drug of choice is a 14 prescription opioid? Is that information in 15 SACWIS to see if they're getting it legally 16 through a prescription, stealing it from a family 17 member, getting it from the street, some other 18 way of getting it illegally?</p> <p>19 MS. FLOWERS: Object to form.</p> <p>20 THE WITNESS: There might be some cases 21 where we know where they got a drug, but I don't 22 think that is consistent in any way. So, you 23 know, if they're taking Suboxone, for example, we 24 might know that they're getting that from a 25 certain provider.</p> | <p style="text-align: right;">Page 124</p> <p>1 Q. I was thinking any -- anywhere in the 2 files that Summit County Children's Services 3 maintains, case files. Is there any information 4 that's maintained in a systematic and regular way 5 that would allow a reliable assessment of how 6 somebody is obtaining a prescription opioid if 7 that is their drug of choice?</p> <p>8 MS. FLOWERS: Object to the form.</p> <p>9 THE WITNESS: There's no consistent way, 10 to my knowledge, because I don't believe there's 11 any field that could put that in there. So if a 12 worker knew that, they might put it somewhere, 13 but that wouldn't be a consistent way of knowing.</p> <p>14 BY MR. ALEXANDER:</p> <p>15 Q. Okay. So we -- we were talking right 16 before the break about whether you could offer 17 certain testimony relating to an impact on 18 Children's Services, financial and otherwise, of 19 the different categories of opioids or opiates 20 based upon whether they were legally obtained or 21 whether they were prescription. Do you remember 22 that discussion?</p> <p>23 A. Yes.</p> <p>24 Q. Okay. And not only can you not offer 25 testimony that focuses specifically on</p> |
| <p style="text-align: right;">Page 123</p> <p>1 BY MR. ALEXANDER:</p> <p>2 Q. Okay. And -- and that's specifically 3 because you're saying that there would be records 4 relating to getting a drug as part of a, 5 essentially, treatment for abuse?</p> <p>6 A. Correct.</p> <p>7 Q. Okay. So setting that aside, somebody 8 who is, essentially, at a methadone clinic would 9 be the kind of colloquial name for that where 10 somebody is actually taking and abusing an 11 opioid, is there going to be any consistent 12 information available in SACWIS that would allow 13 you to figure out how they're -- how they're 14 getting the drug?</p> <p>15 A. No.</p> <p>16 Q. And what about elsewhere in any data 17 that you have case files? Is there going to be 18 consistent information available on how somebody 19 is obtaining an opioid if that's the drug of 20 choice?</p> <p>21 MS. FLOWERS: Object to the form.</p> <p>22 THE WITNESS: There's no field, to my 23 knowledge, in SACWIS that allows us to put where 24 someone obtained a drug.</p> <p>25 BY MR. ALEXANDER:</p> | <p style="text-align: right;">Page 125</p> <p>1 prescription opioids obtained legally, you don't 2 think that the Summit County data that's 3 available allows anybody to do that?</p> <p>4 MS. FLOWERS: Object to the form. Lack 5 of foundation.</p> <p>6 THE WITNESS: Can -- you'd have to 7 repeat that for me. I'm sorry.</p> <p>8 BY MR. ALEXANDER:</p> <p>9 Q. Do you want me to have that one read 10 back?</p> <p>11 A. Or repeat it. Either way. I -- I just 12 need to understand it better.</p> <p>13 Q. Sure.</p> <p>14 MR. ALEXANDER: Can you read that one 15 back, please.</p> <p>16 (Question read back as requested.)</p> <p>17 MS. FLOWERS: Objection to the form. 18 Lack of foundation.</p> <p>19 THE WITNESS: That -- that sounded like 20 a statement to me, so I need -- I guess I need to 21 understand the question specifically.</p> <p>22 BY MR. ALEXANDER:</p> <p>23 Q. Okay. I'll rephrase.</p> <p>24 A. There were two parts. So maybe it's an 25 issue of I -- which -- it seemed like there were</p> |

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| <p style="text-align: right;">Page 126</p> <p>1 two parts to the question. So if you could break 2 it down for me in a question format, that would 3 help.</p> <p>4 Q. Sure. I'll rephrase.</p> <p>5 A. Okay.</p> <p>6 Q. Given what you have acknowledged about 7 the limitations on data relating to how a client 8 obtains a prescription opioid if their drug of 9 abuse is a prescription opioid, you don't think 10 that anybody could do a reliable estimate of the 11 impact on Summit County Children's Services of 12 the use of prescription opioids obtained legally 13 pursuant to a prescription for the individual who 14 is abusing the drug?</p> <p>15 MS. FLOWERS: Object to the form. Lack 16 of foundation.</p> <p>17 THE WITNESS: I don't think we have a 18 field where we can pull a specific drug, so, 19 therefore, we can't say this specific type of 20 drug had this specific impact.</p> <p>21 BY MR. ALEXANDER:</p> <p>22 Q. Or all prescription opioids put together 23 in the category of prescription opioids obtained 24 legally pursuant to a prescription?</p> <p>25 MS. FLOWERS: Objection.</p> | <p style="text-align: right;">Page 128</p> <p>1 drug and which one, I can't speak to that. That 2 is the only way I know how to answer that 3 question.</p> <p>4 BY MR. ALEXANDER:</p> <p>5 Q. Well, in your answer, you just mentioned 6 opioids. Were you --</p> <p>7 A. Yes.</p> <p>8 Q. -- counting heroin and illegal drugs as 9 part of what you're talking about with an impact 10 on Children's Services?</p> <p>11 A. I am, yes.</p> <p>12 Q. Okay. All right. So, remember, my 13 question is about prescription opioids obtained 14 legally and used legally by somebody who actually 15 has a prescription written by a licensed health 16 care professional and they obtain the drug from a 17 pharmacy or other licensed distributor, you know, 18 endpoint, and take it themselves. You 19 understand?</p> <p>20 A. Yes.</p> <p>21 Q. Okay. For that type of person 22 interacting with Children's Services of Summit 23 County, you can't say what the financial impact 24 is on -- or the impact on the delivery of 25 services by -- by Children's Services of Summit</p> |
| <p style="text-align: right;">Page 127</p> <p>1 THE WITNESS: We don't track that in 2 SACWIS.</p> <p>3 BY MR. ALEXANDER:</p> <p>4 Q. Okay. So you don't think that anybody 5 could offer a reliable opinion about damages 6 attributable to the use of prescription opioids 7 by somebody with a legal prescription for the 8 opioid taking it him- or herself and interacting 9 with Children's Services of Summit County, 10 correct?</p> <p>11 MS. FLOWERS: Object to the form. 12 Misstates the witness's testimony; asked and 13 answered; and calls for opinion.</p> <p>14 THE WITNESS: I think that's a legal 15 question that I don't know that I know how to 16 answer. I think we can speak to the impact to 17 our system. I think we can talk about the 18 numbers. I think we can talk about, you know, 19 how many kids we serve, how many families we 20 serve that have an addiction that involves an 21 opioid.</p> <p>22 So, yes, I -- I think there is some 23 connection, certainly, that can and should be 24 made about opioids with our population. But if 25 you're asking me about specifically each type of</p> | <p style="text-align: right;">Page 129</p> <p>1 County, correct?</p> <p>2 MS. FLOWERS: Objection. Form and 3 foundation.</p> <p>4 THE WITNESS: I cannot break it down 5 that way, so that is correct --</p> <p>6 BY MR. ALEXANDER:</p> <p>7 Q. And --</p> <p>8 A. -- yes.</p> <p>9 Q. And you have a good understanding of 10 what data exists through SACWIS and case files 11 and all the other data sources and records that 12 are maintained within Children's Services, don't 13 you?</p> <p>14 MS. FLOWERS: Object to the form. Lack 15 of foundation.</p> <p>16 THE WITNESS: I have a good 17 understanding. I'm not a SACWIS expert, that's 18 for sure.</p> <p>19 BY MR. ALEXANDER:</p> <p>20 Q. Right.</p> <p>21 A. Uh-huh.</p> <p>22 Q. And based upon your understanding -- 23 that's all I'm asking about. Based upon your 24 understanding of the data sources and the sort of 25 data bases that are used to create the sorts of</p> |

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| <p style="text-align: right;">Page 130</p> <p>1 analyses that you've been requesting over the 2 five-and-a-half years that you've been executive 3 director, you don't think that that data allows 4 somebody to focus specifically on the impact of 5 prescription opioids dispensed pursuant to a 6 prescription to somebody who is entitled to 7 receive that prescription drug?</p> <p>8 MS. FLOWERS: Object to the form. Asked 9 and answered.</p> <p>10 THE WITNESS: There are places in SACWIS 11 that have types of drugs, so we know there are 12 certain types of drugs that are listed. I don't 13 know what the list is, so I can't answer that for 14 you. But there are places in SACWIS that does 15 list type of drug. So that's not how I have 16 analyzed data specifically.</p> <p>17 BY MR. ALEXANDER:</p> <p>18 Q. I understand. All the analyses that 19 you've asked for and received over the last 20 several years -- and we -- we have some of them 21 for at least the last two years --</p> <p>22 A. Okay.</p> <p>23 Q. -- have lumped everything together, if 24 you will.</p> <p>25 A. Yes.</p> | <p style="text-align: right;">Page 132</p> <p>1 You -- you've asked for and received a 2 number of analyses that touch on some of the 3 issues we've been talking about, correct?</p> <p>4 A. Uh-huh. Correct.</p> <p>5 MS. FLOWERS: Object to the form.</p> <p>6 THE WITNESS: Uh-huh. Yes.</p> <p>7 BY MR. ALEXANDER:</p> <p>8 Q. And you know that specifically when it 9 relates to SACWIS, that database as opposed to 10 other potential databases -- that database, it 11 just doesn't tell you how somebody obtains the 12 drug -- whether it's pursuant to a legal 13 prescription, whether they bought it on the 14 street -- correct?</p> <p>15 A. Correct.</p> <p>16 MS. FLOWERS: Asked and answered.</p> <p>17 BY MR. ALEXANDER:</p> <p>18 Q. And you know that before 2016, there are 19 questions about the accuracy of the data in there 20 when it comes to drug of choice because it wasn't 21 always being entered consistently, correct?</p> <p>22 MS. FLOWERS: Object to the form.</p> <p>23 THE WITNESS: I don't think the accuracy 24 of the data is poor. I think the thoroughness of 25 the data is what is questionable, so --</p> |
| <p style="text-align: right;">Page 131</p> <p>1 Q. All opiates, opiates -- opioids, opiates 2 obtained legally, obtained illegally, all 3 combination of those, correct?</p> <p>4 MS. FLOWERS: Object to the form.</p> <p>5 THE WITNESS: I believe that's correct, 6 yes.</p> <p>7 BY MR. ALEXANDER:</p> <p>8 Q. And what I'm asking you is: Because 9 you -- you ask for reports to be run, you ask for 10 analyses to be done, you're aware of kind of what 11 your staff and the associated staff that does 12 analyses for you have the ability to generate, 13 correct?</p> <p>14 MS. FLOWERS: Lack of foundation.</p> <p>15 THE WITNESS: Within reason. I don't 16 know that I can tell you everything they can 17 generate, no.</p> <p>18 BY MR. ALEXANDER:</p> <p>19 Q. I'm not saying you're typing in the 20 computer search terms and the boolean operators 21 and all the specific stuff. But in terms of, 22 like, "Hey, can you give me this data? I'd like 23 to know how many open cases we have, what the 24 percentage is that lists some sort of substance 25 of abuse, the average stay."</p> | <p style="text-align: right;">Page 133</p> <p>1 BY MR. ALEXANDER:</p> <p>2 Q. The reliability of the data --</p> <p>3 A. Yes.</p> <p>4 Q. -- is questionable?</p> <p>5 MS. FLOWERS: Object to the form.</p> <p>6 THE WITNESS: That's not what I said, 7 no.</p> <p>8 BY MR. ALEXANDER:</p> <p>9 Q. Well, that's -- I don't mean to be too 10 specific about terms, but --</p> <p>11 A. Okay.</p> <p>12 Q. -- accuracy versus reliability in terms 13 of whether you're within a narrow range, that's 14 accuracy. Whether it's reliable is the issue, 15 right? Whether the data in there, essentially, 16 consistently tracks drug of choice such that when 17 it says it's 42 percent, and of that X percent 18 was one particular drug, I'm not saying any of 19 the individual data points are entered 20 inaccurately but, overall, you can't generate 21 accurate prevalence or incidents data from 22 pre-2006 SACWIS?</p> <p>23 MS. FLOWERS: Object to the form. Asked 24 and answered.</p> <p>25 THE WITNESS: The data that is there is</p> |

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| <p style="text-align: right;">Page 134</p> <p>1 accurate. So, you know, if we pulled a -- data 2 that said substance abuse was an issue for this 3 many families in their case plan, that's accurate 4 data.</p> <p>5 Where the inaccuracy to the data comes 6 in is that someone might not have put it there. 7 They might have put it somewhere else. So that 8 certainly could be a higher number. I don't 9 think it would be a lower number. So that's 10 where I think the -- the difference comes in.</p> <p>11 BY MR. ALEXANDER:</p> <p>12 Q. And differentiating before 2016 in terms 13 of whether the drug of choice was marijuana or 14 alcohol or heroin or cocaine or something else, 15 that is also an issue in terms of whether the 16 data is robust enough to accurately capture what 17 was going on in the client population for that 18 time period, correct?</p> <p>19 MS. FLOWERS: Object to the form. Asked 20 and answered.</p> <p>21 THE WITNESS: I believe the same 22 applies, yes.</p> <p>23 BY MR. ALEXANDER:</p> <p>24 Q. Meaning if it's there, it's -- 25 A. It's accurate.</p> | <p style="text-align: right;">Page 136</p> <p>1 call somebody's case file? 2 A. That's right.</p> <p>3 Q. And have you initiated any sort of data 4 projects where somebody went back to the actual 5 case files -- not the SACWIS, but back to the -- 6 the case files to try to extract better or more 7 accurate information about drug use or the impact 8 of drug use or abuse on Children's Services?</p> <p>9 A. Yes. We did do that in 2015. The 10 former director of social services did a specific 11 hand count of cases where she went in to case 12 records for some time period in 2015 to identify 13 substance abuse issues consistently as well as 14 type of drug.</p> <p>15 Q. Did that project have a name? 16 A. No. It was just a research that she did 17 internally, so . . .</p> <p>18 Q. Who did the research? 19 A. The former director of social services. 20 Her name was Sharon Geffken.</p> <p>21 Q. And was there a reason why this was 22 initiated, as far as you know? 23 A. It was initiated because we knew that we 24 had a problem with opioids and were -- we were 25 really trying to get a better understanding of</p> |
| <p style="text-align: right;">Page 135</p> <p>1 Q. -- it's accurate for that record, but it 2 may not be captured for a percentage of the 3 files? 4 A. Correct. Uh-huh. 5 Q. All right. Are there other databases 6 that are utilized to track this sort of 7 information over the last five-and-a-half years 8 as you've been executive director other than 9 SACWIS? 10 A. I don't believe so. 11 Q. Okay. And as we mentioned, there are 12 individual case files, correct? 13 MS. FLOWERS: Object to the form. 14 THE WITNESS: There are individual case 15 records in SACWIS, and then there is aggregate 16 data in SACWIS as well. 17 BY MR. ALEXANDER: 18 Q. But Summit County has literally hard 19 copy or -- or case files that associate, here's 20 the record on a particular case, right? 21 MS. FLOWERS: Object to the form. Lack 22 of foundation. 23 BY MR. ALEXANDER: 24 Q. Like, there's an activity log, there's 25 other various documents that make up what you</p> | <p style="text-align: right;">Page 137</p> <p>1 the volume, and did not feel -- we felt that our 2 data that we could pull out of SACWIS was 3 under-representing the issue. So she was trying 4 to get a better and more accurate look at how 5 opioids were impacting our children and families. 6 So she spent some time doing a research project 7 where she looked at case-specific information. 8 Q. Did anybody else work on it or just her? 9 A. Just her to my knowledge. I -- I don't 10 know if she had any help with that. 11 Q. Did you get some sort of report or 12 summary of the project after it was completed? 13 A. She just told me the outcome of it at 14 the time, and I had her -- only recall, really, a 15 rough estimate on that. But she looked at 16 substance abuse specifically and type of drug. 17 And I -- I think the substance abuse was around 18 50 percent and opioid use was around 40 percent, 19 so . . . 20 Q. 40 percent of the 50 percent? So 20 21 percent? 22 A. No. I believe that was of the total, 23 so -- of our total -- the total population she 24 looked at. 25 Q. So 80 percent of all substance abuse in</p> |

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| <p style="text-align: right;">Page 138</p> <p>1 this analysis in 2015 was opioids or opiates 2 or -- I'm just trying to figure out -- 3 MS. FLOWERS: Objection. Misstates -- 4 MR. ALEXANDER: -- which drug you're 5 talking about. 6 MS. FLOWERS: Objection. Misstates the 7 testimony. 8 THE WITNESS: No. That's not right. I 9 really don't recall. I -- I shouldn't guess. 10 BY MR. ALEXANDER: 11 Q. Was there a formal report written up? 12 A. No, I don't believe there was a formal 13 report, so . . . 14 Q. Just relayed to you orally? 15 A. I know it was relayed to me orally. If 16 it was any other format, I don't recall it being 17 in another format, so . . . 18 Q. Did anything happen with this, as far as 19 you know, like get presented at a board meeting 20 or go to somebody else up higher in the county 21 government chain, to the state, to the AG, 22 anything like that? 23 A. I -- 24 MS. FLOWERS: Object to the form. 25 THE WITNESS: I -- we may have used her</p> | <p style="text-align: right;">Page 140</p> <p>1 A. If we had any data or reports that she 2 generated, those would have already been 3 provided, so . . . 4 Q. So I'm -- I'm not trying to hide the 5 ball on -- on documents. In terms of, like, 6 things with your name on them, June 2016 is when 7 they start. We don't have anything from your 8 plus -- first three-plus years. We don't have 9 produced, as far as I know, and I try to know, 10 the stuff from 2015, stuff from 2014. We just 11 don't have those documents produced yet. 12 And I know that you said you're not the 13 one who gathered all the documents, certainly, 14 made decisions on -- on what to produce. So when 15 I ask you about whether documents exist or not 16 and what you did and how it would be 17 memorialized, I'm not -- I honestly haven't seen 18 all of your documents. That's why I'm asking. 19 A. Okay. 20 Q. Does that make sense? 21 MS. FLOWERS: Objection to the colloquy. 22 BY MR. ALEXANDER: 23 Q. Do you understand? 24 A. I -- I think what you're saying is if I 25 provided something to my attorneys, they haven't</p> |
| <p style="text-align: right;">Page 139</p> <p>1 data. We provided some data to PCSAO, the Public 2 Children's Services Association of Ohio, that 3 year. That may have been provided to them as -- 4 when we were trying as a state -- I think '15 was 5 the first year that, as a state, we were trying 6 to gather some data around substance use and the 7 percentage of opioids. 8 And I believe that's what was provided 9 to PCSAO in '15, was what Sharon Geffken did 10 through the hand count that she did that year. 11 BY MR. ALEXANDER: 12 Q. Was there any other data collected by 13 Ms. Geffken other than the percentage that 14 involved opioids -- percentage of open cases that 15 involved opioids? 16 A. That was her specific project, so I 17 don't think so. 18 Q. Was -- do you know if this was part of 19 the PCSAO opioid survey? 20 A. Well, that's why I was saying that may 21 be what -- why she did it, is that she was 22 submitting it to PCSAO. 23 Q. Okay. If you wanted to lay your hands 24 on any of the data that she generated from 2015, 25 Ms. Geffken, could you do that?</p> | <p style="text-align: right;">Page 141</p> <p>1 given it to you. Is that what you're saying? 2 Q. I don't know if you provided something 3 to your attorneys -- 4 A. Yeah. 5 Q. -- relating to your work in 2006, 2007, 6 2013, '14, '15. I don't know what you provided 7 them. But I only know what we have. So I'm 8 trying to understand which documents you think 9 exist from this time period. 10 So the hand count that Ms. Geffken 11 did -- am I saying her name right? 12 A. Yes. Uh-huh. 13 Q. -- you're not sure if it resulted in 14 some sort of formal written submission -- 15 spreadsheet, something -- that went on to 16 somebody other than you, correct? 17 MS. FLOWERS: Object to the form. 18 THE WITNESS: I don't believe that was 19 presented in any kind of a report or spreadsheet 20 format, no. 21 BY MR. ALEXANDER: 22 Q. Would it have gone up to PCSAO or to 23 somebody on a statewide basis, it would have had 24 to have gone to them by e-mail and attaching some 25 sort of data, correct?</p> |

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| <p style="text-align: right;">Page 142</p> <p>1 MS. FLOWERS: Objection. Lack of 2 foundation.</p> <p>3 THE WITNESS: It would have had to gone 4 to them in some format which would have probably 5 been through Ms. Geffken sending them something 6 in e-mail.</p> <p>7 BY MR. ALEXANDER:</p> <p>8 Q. Okay. So I think this came out of 9 asking you about any projects that looked at 10 actual case files. Is that how you refer to 11 them, "case files"?</p> <p>12 A. Sure.</p> <p>13 MS. FLOWERS: Objection.</p> <p>14 THE WITNESS: Case record, case file.</p> <p>15 BY MR. ALEXANDER:</p> <p>16 Q. And so what about since 2015? Have you 17 or your staff been part of any kind of project of 18 pulling information out of individual case files 19 to generate some sort of children's services 20 over --</p> <p>21 Let me ask it this way: Since 2015, 22 have you or your staff been involved in any 23 project where individual case files were analyzed 24 to gather data to present it to somebody -- 25 internally, to the county, to the state, to some</p> | <p style="text-align: right;">Page 144</p> <p>1 I'm not trying to give your exact words, 2 but was that the gist of what you said before the 3 break?</p> <p>4 MS. FLOWERS: Object to the form.</p> <p>5 THE WITNESS: I think what I said was we 6 have seen more clients using meth, and certainly 7 the theory and conversations among professionals 8 in the community has been that some of our -- 9 we've done a lot of education around the opioid 10 epidemic and the impact of opioid use being very 11 addictive. And we have provided a lot of 12 information about the number of deaths related to 13 opioid deaths to the community.</p> <p>14 So we have educated the community about 15 the risks involved and, therefore, we're seeing 16 some switching to meth because they are able to 17 control better the risk of overdose and death.</p> <p>18 BY MR. ALEXANDER:</p> <p>19 Q. When you say "opioid deaths" in your 20 last answer, you're including heroin, fentanyl, 21 carfentanil, fentanyl analogs, correct?</p> <p>22 A. Correct.</p> <p>23 Q. You weren't talking about opioid deaths 24 related to a prescription medication, correct?</p> <p>25 A. Well --</p> |
| <p style="text-align: right;">Page 143</p> <p>1 other entity or subdivision -- that looked at 2 anything relating to drug abuse, including abuse 3 of opioids or opiates?</p> <p>4 MS. FLOWERS: Object to the form.</p> <p>5 THE WITNESS: To my knowledge, that's 6 been aggregate data, not individual case record 7 data.</p> <p>8 BY MR. ALEXANDER:</p> <p>9 Q. And the aggregate data has come from 10 SACWIS?</p> <p>11 A. Yes.</p> <p>12 Q. And are you aware of any other databases 13 that have been utilized for any kind of analyses 14 relating to drug abuse other than SACWIS?</p> <p>15 MS. FLOWERS: Objection. Asked and 16 answered.</p> <p>17 THE WITNESS: No.</p> <p>18 BY MR. ALEXANDER:</p> <p>19 Q. You said before the break that it's your 20 impression that some patients have switched to 21 methamphetamine as a drug of abuse where they 22 used to use heroin because of public education 23 campaigns and the belief that methamphetamine 24 was -- would be easier to use in a stable and 25 predictable manner.</p> | <p style="text-align: right;">Page 145</p> <p>1 MS. FLOWERS: Object to the form.</p> <p>2 THE WITNESS: -- it would include those 3 as well.</p> <p>4 BY MR. ALEXANDER:</p> <p>5 Q. Have you ever seen data that tells you 6 specifically how many overdose deaths are just 7 related to prescription opioids?</p> <p>8 A. I don't know if I have. I -- I don't 9 know -- you know, I've certainly seen data 10 from -- Summit County Public Health tracks some 11 data. I don't know if they track it that way, so 12 I really don't remember. I am -- I am thinking 13 more generally about those being lumped together, 14 yes.</p> <p>15 Q. And in your thinking, you're also not 16 going -- drilling down to overdose of 17 prescription opioids that were obtained legally 18 by the person who took them, correct?</p> <p>19 MS. FLOWERS: Objection. Asked and 20 answered.</p> <p>21 THE WITNESS: I don't -- we don't track 22 that. I believe, certainly, that is tracked by 23 the medical examiner's office and other places 24 would have information about what caused the 25 death.</p> |

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| <p style="text-align: right;">Page 146</p> <p>1 BY MR. ALEXANDER:</p> <p>2 Q. Okay. Is it your general understanding 3 that the vast majority of these overdose deaths 4 from this time period -- focusing on 2016 -- were 5 people taking heroin, fentanyl, carfentanil, and 6 combinations of those?</p> <p>7 MS. FLOWERS: Object to the form.</p> <p>8 THE WITNESS: Is it my job to --</p> <p>9 BY MR. ALEXANDER:</p> <p>10 Q. Is it your understanding that the vast 11 majority of the deaths from the 2016 time frame 12 were -- of overdose were specifically overdoses 13 with heroin, fentanyl, fentanyl analogs, or 14 combinations of those?</p> <p>15 MS. FLOWERS: Objection. Form and 16 foundation.</p> <p>17 THE WITNESS: I don't know that 18 breakdown, no.</p> <p>19 BY MR. ALEXANDER:</p> <p>20 Q. So let's go back to what you said about 21 this recently observed shift or uptick of 22 methamphetamine use.</p> <p>23 A. Uh-huh.</p> <p>24 Q. Okay. And has there been at the same 25 time, the same discussion about some people are</p> | <p style="text-align: right;">Page 148</p> <p>1 minimize the chance of overdose?</p> <p>2 MS. FLOWERS: Objection.</p> <p>3 THE WITNESS: I have been part of many 4 conversations in community meetings where there 5 has been that discussion taking place, yes.</p> <p>6 BY MR. ALEXANDER:</p> <p>7 Q. Are there specific community meetings or 8 speakers you can think of?</p> <p>9 A. I think that -- I can't name specific 10 community meetings. Meetings with our court, 11 juvenile court, we've had those conversations. 12 Meetings with the director of our ADM board, 13 we've had those conversations. Of -- the medical 14 examiner, I believe, made a statement about 15 seeing some resurgence of meth, so, yeah, 16 general.</p> <p>17 Q. What does "ADM" stand for?</p> <p>18 A. The -- it's the mental health agency. 19 Alcohol, addiction, and -- I don't remember.</p> <p>20 Q. You mostly just --</p> <p>21 A. It's the mental health one.</p> <p>22 Q. Okay. So do you have any information 23 gathered from within Children's Services that 24 relates to this issue of why or how often people 25 are now using cocaine or methamphetamine when</p> |
| <p style="text-align: right;">Page 147</p> <p>1 switching to cocaine?</p> <p>2 A. You know, you said that before, and -- 3 and I -- I don't remember how I answered that, 4 but I have, actually, heard some resurgence of 5 cocaine. I think meth -- I've certainly heard 6 that being more prevalent, but I think we've 7 heard some more use of cocaine as well. So I -- 8 I might have to correct what I said earlier.</p> <p>9 Q. So the discussions that you're aware of 10 within the community of people who deal with drug 11 abuse or treatment of drug abuse has let you know 12 that there's been a resurgence of methamphetamine 13 and cocaine use, and that may have something to 14 do with people switching off of heroin; is that 15 correct?</p> <p>16 MS. FLOWERS: Objection to the form.</p> <p>17 THE WITNESS: I think that there -- 18 there has been conversations that they believe 19 people are switching to drugs that they feel they 20 can control their risk of death, yes.</p> <p>21 BY MR. ALEXANDER:</p> <p>22 Q. Have you been personally involved in any 23 of these discussions that you're talking about 24 about the thinking about whether people could 25 control methamphetamine better than heroin to</p> | <p style="text-align: right;">Page 149</p> <p>1 they may have previously been taking heroin or 2 some other opiate?</p> <p>3 A. Do I have data? Is that the question?</p> <p>4 Q. Yeah. Data or analyses, something that 5 comes from your group.</p> <p>6 A. No.</p> <p>7 Q. I mean, I understand -- this may be 8 hard, but, obviously, you hear a lot of things, 9 including the press and public meetings and from 10 other parts of the -- the Summit County 11 government, medical examiner's office. So in my 12 questions, I'm trying to focus on what is it that 13 Children's Services, of which you're the 14 executive director, has actually generated or 15 analyzed or tracked.</p> <p>16 Does that make sense, that distinction?</p> <p>17 A. Yes.</p> <p>18 Q. Okay.</p> <p>19 A. Uh-huh.</p> <p>20 Q. So when it comes to this sort of issue 21 of people switching from a drug of choice 22 depending on kind of, like, what's available and 23 what they may believe they can use more safely 24 and effectively, is that the sort of thing that 25 Children's Services has tracked in any kind of</p> |

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| <p style="text-align: right;">Page 150</p> <p>1 systematic way?</p> <p>2 MS. FLOWERS: Objection. Asked and 3 answered.</p> <p>4 THE WITNESS: We -- we track, as I've 5 said before, we -- meth is one of the things that 6 we track in terms of a drug type, and so that's 7 how we would know that.</p> <p>8 BY MR. ALEXANDER:</p> <p>9 Q. Have you ever tracked specifically the 10 number of deaths related to any sort of opiate or 11 opioid that impacts the provision of children's 12 services?</p> <p>13 A. I don't know that we track specifically 14 the number of cases. You know, again, that's 15 something Summit County Public Health does. So 16 we don't track that; they do.</p> <p>17 Q. So -- so, for instance, so public health 18 or maybe the coroner's office might say, "Here's 19 how many people we understand died as a result of 20 an overdose, and that's based upon our assessment 21 of, you know, what we found on a tox screen or 22 other information to say that when they died, 23 they had heroin in their system," or they had PCP 24 in their system, or alcohol, or whatever.</p> <p>25 You with me so far?</p> | <p style="text-align: right;">Page 152</p> <p>1 expert -- about the death of clients and the 2 reason.</p> <p>3 I certainly know that we've had a 4 substantial number of deaths that have occurred 5 that were opioid related on our caseloads. 6 Parents, many parents, have died of 7 opioid-related deaths, overdoses.</p> <p>8 BY MR. ALEXANDER:</p> <p>9 Q. So that sort of analysis, looking at the 10 impact of deaths where somebody died with an 11 opioid or opiate in their system, and looking to 12 see what the impact has been on Children's 13 Services, to your knowledge, has not been done, 14 correct?</p> <p>15 MS. FLOWERS: Object to the form of the 16 question. Misstates the testimony.</p> <p>17 THE WITNESS: You know, I guess I -- the 18 one thing I can say in terms of not necessarily a 19 true analysis, but certainly in terms of the 20 caseworkers, having discussions with the 21 caseworkers around their involvement with those 22 cases, I think there's clearly an impact to the 23 workforce, there's clearly an impact to the staff 24 in terms of their stress related to handling and 25 involving cases where their clients die.</p> |
| <p style="text-align: right;">Page 151</p> <p>1 A. Uh-huh.</p> <p>2 Q. Okay.</p> <p>3 MS. FLOWERS: Objection.</p> <p>4 THE WITNESS: Yes.</p> <p>5 BY MR. ALEXANDER:</p> <p>6 Q. Have you ever done something where you 7 looked at, like, that list of deaths for any 8 particular year or time period and 9 cross-referenced it with your clients to say, you 10 know, here is a case where somebody was in our 11 system as, like, somebody who owed child support 12 or somebody who was involved in a foster care 13 case or somebody who was involved in a custody 14 dispute, all -- all the various sorts of things 15 that might interact with to -- to look at how 16 often it is that people are dying as a result of 17 overdose and it, essentially, increases the case 18 burden of Children's Services?</p> <p>19 MS. FLOWERS: Objection to the form.</p> <p>20 THE WITNESS: The data that Summit 21 County Health produces doesn't have names 22 attached to it. So we couldn't take their data 23 and compare it to ours. I -- I don't know that 24 there's a field -- and -- and there may be, I 25 honestly don't know. Again, I'm not a SACWIS</p> | <p style="text-align: right;">Page 153</p> <p>1 They -- it -- the secondary trauma issue 2 is a very real issue for our workforce. I do 3 believe it has increased our turnover rate 4 recently. We have seen our turnover in the last 5 couple of years higher, particularly at the young 6 and new casework level in intake, where they are 7 experiencing those caseloads that are dealing 8 with not only the deaths, but just generally the 9 very complex issues that come with dealing with 10 the cases involving opioids.</p> <p>11 BY MR. ALEXANDER:</p> <p>12 Q. So we'll get to impact on your 13 employees --</p> <p>14 A. Okay.</p> <p>15 Q. -- and individual cases. I was asking a 16 different and specific question. I want to 17 return to my question. Okay?</p> <p>18 MS. FLOWERS: Objection. Counsel, your 19 question asked her about the impact for 20 Children's Services.</p> <p>21 MR. ALEXANDER: It asked about an 22 analysis. So that was, like, a form objection. 23 Anything more than that is coaching.</p> <p>24 BY MR. ALEXANDER:</p> <p>25 Q. But I'm asking you about --</p> |

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| <p style="text-align: right;">Page 154</p> <p>1 MS. FLOWERS: This witness doesn't need 2 any coaching, sir. You asked her about the 3 impact on Children's Services.</p> <p>4 MR. ALEXANDER: Counsel, that's --</p> <p>5 MS. FLOWERS: That's what she gave you.</p> <p>6 MR. ALEXANDER: -- a misrepresentation.</p> <p>7 BY MR. ALEXANDER:</p> <p>8 Q. So let's go back. I was asking you 9 about analysis. Has there been an analysis of 10 the impact of deaths related to somebody who died 11 while taking or having recently taken such that 12 it might be detectable an opioid or opiate and 13 that that -- the impact of those deaths on 14 Children's Services? Has there been an analysis?</p> <p>15 MS. FLOWERS: Objection. Asked and 16 answered.</p> <p>17 THE WITNESS: Other than the connection 18 that I've made with what I've already said, 19 there's no specific analysis to did the death -- 20 what did the death cost our agency. No.</p> <p>21 BY MR. ALEXANDER:</p> <p>22 Q. And you said that it would be hard 23 because you'd need to identify in some form or 24 fashion through, you know, Social Security number 25 or name or something the person who was -- died</p> | <p style="text-align: right;">Page 156</p> <p>1 staff.</p> <p>2 A. Uh-huh.</p> <p>3 Q. We have seen some discussion of turnover 4 in some of your documents, including that there's 5 been some efforts to increase hiring over the 6 last year or two.</p> <p>7 A. Uh-huh.</p> <p>8 Q. Are you aware of specific analyses of 9 turnover that tie them to issues with opioids, or 10 is that just your impression? Opioids or 11 opiates. I'm sorry.</p> <p>12 THE WITNESS: I mean, I -- I -- it's 13 certainly more of an impression. We do 14 conversations with staff when they exit or their 15 supervisors have conversations with them when 16 they exit that they will share, generally, about, 17 you know, the reason that the staff left. Which, 18 generally, for our young staff who we -- in the 19 first year or so is related to the stress of the 20 job.</p> <p>21 BY MR. ALEXANDER:</p> <p>22 Q. So where would that be memorialized? Is 23 that just an individual kind of exit interview 24 memoranda or some other sort of document?</p> <p>25 A. I mean, we -- we keep turnover</p> |
| <p style="text-align: right;">Page 155</p> <p>1 and found to have some sort of drug in their 2 system with the clients in your -- in your 3 system, correct?</p> <p>4 MS. FLOWERS: Object to the form.</p> <p>5 THE WITNESS: We can't cross-reference. 6 We know our clients that die, they know the -- 7 all of the people in the community that die, but 8 I can't cross-reference based with their data.</p> <p>9 BY MR. ALEXANDER:</p> <p>10 Q. Okay. And so there hasn't been some 11 sort of analysis specifically on financial impact 12 on Children's Services or the clients of 13 Children's Services as a result of deaths 14 associated with opioid or opiate use, correct?</p> <p>15 A. Not --</p> <p>16 MS. FLOWERS: Object to the form. 17 Misstates the testimony.</p> <p>18 THE WITNESS: Not deaths specifically.</p> <p>19 BY MR. ALEXANDER:</p> <p>20 Q. So it's correct, there has not been an 21 analysis like that?</p> <p>22 MS. FLOWERS: Objection.</p> <p>23 THE WITNESS: Correct.</p> <p>24 BY MR. ALEXANDER:</p> <p>25 Q. Now, you mentioned turnover of your</p> | <p style="text-align: right;">Page 157</p> <p>1 statistics, of course. There are exit documents 2 done, if they do one, but the -- generally, the 3 information is coming directly from a supervisor 4 who's had a conversation with a worker about why 5 they're leaving.</p> <p>6 Q. So we'll break it up to two parts. 7 Turnover statistics, those are maintained over 8 time, correct?</p> <p>9 A. Correct.</p> <p>10 Q. Okay. And we would see those to see if 11 there is some change in turnover in 2016, '17, 12 '18, compared to the years before that. Those 13 stats should all exist and be maintained for 14 historical reference, correct?</p> <p>15 MS. FLOWERS: Object to the form.</p> <p>16 THE WITNESS: Well, I don't know if they 17 did turnover documents prior to my being with the 18 agency, so I don't know that.</p> <p>19 BY MR. ALEXANDER:</p> <p>20 Q. You mean -- you mean since you came as 21 executive director?</p> <p>22 A. Right.</p> <p>23 Q. Okay. So just since you started back up 24 in 2013 to present, there would be turnover 25 statistics for every year?</p> |

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| <p style="text-align: right;">Page 158</p> <p>1 MS. FLOWERS: Objection. Lack of 2 foundation.</p> <p>3 THE WITNESS: I don't know if there 4 would be for every year. I don't know.</p> <p>5 BY MR. ALEXANDER:</p> <p>6 Q. When do you think you started those 7 being maintained?</p> <p>8 A. I -- I assume that we probably have done 9 them since 2013, but I don't know that we have 10 every year, so I just can't say that.</p> <p>11 Q. Okay. So for -- in terms of the reason 12 why somebody might leave, whether they say it's 13 stressful because of just the general dealing 14 with children and these sorts of situations is -- 15 is very stressful and very soul wrenching, or 16 whether they have some specific comment about, 17 you know, drug abuse or some other thing, where 18 would that be maintained? Just in individual 19 files, or would it be tracked collectively in 20 some way?</p> <p>21 MS. FLOWERS: Object to form.</p> <p>22 THE WITNESS: I don't know that it's 23 tracked anywhere.</p> <p>24 BY MR. ALEXANDER:</p> <p>25 Q. Okay. Are there individual exit memos?</p> | <p style="text-align: right;">Page 160</p> <p>1 A. If they did an exit interview, there is 2 an exit interview document, yes.</p> <p>3 Q. Do you know if there was some attempt to 4 look at exit interview documents for purposes of 5 production in discovery in this case to try to 6 tie it at all to anything about opioids or 7 opiates or drug abuse or substance abuse?</p> <p>8 MS. FLOWERS: Objection. Asked and 9 answered.</p> <p>10 THE WITNESS: I don't know.</p> <p>11 BY MR. ALEXANDER:</p> <p>12 Q. But those documents should exist, right?</p> <p>13 MS. FLOWERS: Objection.</p> <p>14 THE WITNESS: There would be exit 15 interview documents if they did an exit 16 interview, yes.</p> <p>17 BY MR. ALEXANDER:</p> <p>18 Q. Okay. And your basis of saying that you 19 think that your turnover has something to do with 20 that -- the heroin abuse makes doing the job 21 harder than it was before there was such a 22 prevalence of heroin abuse that was seen in 2016, 23 is that based on anything in particular?</p> <p>24 MS. FLOWERS: Object to the form.</p> <p>25 THE WITNESS: It's not based on the</p> |
| <p style="text-align: right;">Page 159</p> <p>1 A. There would be -- if someone completed 2 an exit interview, there would be an exit 3 interview for that individual, yes.</p> <p>4 Q. Are they supposed to do that?</p> <p>5 MS. FLOWERS: Object to form.</p> <p>6 THE WITNESS: Well, they ask them if 7 they would like to.</p> <p>8 BY MR. ALEXANDER:</p> <p>9 Q. Okay.</p> <p>10 A. Yes.</p> <p>11 Q. But what if the supervisor -- if it's 12 relayed orally, do they -- the supervisor who 13 does the exit interview, are they supposed to 14 write down here is what the person said about the 15 reason why they left?</p> <p>16 A. No. The supervisor doesn't do an exit 17 interview. Our HR department does exit 18 interviews, not a supervisor.</p> <p>19 Q. Okay. So when the HR personnel does an 20 exit interview and they're told, "I am leaving 21 because I was traumatized by seeing something in 22 the field, a child who overdosed on heroin," or, 23 you know, some other horror that they might 24 experience, is that memorialized in some form or 25 fashion?</p> | <p style="text-align: right;">Page 161</p> <p>1 specific exit interviews, if -- if that's what 2 you mean. It's really based more generally on 3 the population of staff who talk about the stress 4 of dealing with very complex cases.</p> <p>5 When opiate use is involved, it's -- 6 it's the caseworkers who are talking about 7 their -- their client dying. I had a caseworker 8 who talked about having a client die and then, 9 within 24 hours, the spouse of that client died.</p> <p>10 So, you know, they talk about the 11 stories and how those negatively impact them. I 12 mean, that caseworker was clearly -- she didn't 13 say, "I'm negatively impacted," and she didn't 14 leave the agency, but she was clearly very 15 distraught. And she was a very experienced 16 worker.</p> <p>17 So I think, you know -- I believe that 18 these younger workers who don't have that same 19 level of experience when they're dealing with 20 some of these very complex issues, they are 21 really struggling with wanting to do the work. 22 So it is -- I think it has been a factor in 23 losing some of our newer staff in that intake 24 area, yes.</p> <p>25 BY MR. ALEXANDER:</p> |

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| <p style="text-align: right;">Page 162</p> <p>1 Q. And are there documents that talk about 2 this, other than just your impression about the 3 way it's gone overall?</p> <p>4 MS. FLOWERS: Object to the form.</p> <p>5 THE WITNESS: I'm not aware of a 6 document specifically that talks about a specific 7 type of case being the issue why someone left the 8 agency.</p> <p>9 BY MR. ALEXANDER:</p> <p>10 Q. You mentioned the term "secondary 11 impact," meaning that the impact on the employees 12 of Children's Services of doing their job and 13 witnessing things that they experience in 14 connection with that, including abuse of children 15 and spouses and neglect of children, all of that 16 sort of thing -- is that what you're talking 17 about for secondary impact?</p> <p>18 A. Yes. Secondary trauma is, you know, the 19 trauma that the worker or any first responder can 20 experience when they're dealing with traumatic 21 events of the clients or families that they're 22 serving. And trying to process that and deal 23 with that can be very traumatic to that first 24 responder, whether it's our staff or law 25 enforcement or others.</p> | <p style="text-align: right;">Page 164</p> <p>1 relapse is very high. Overdoses are very high. 2 So those have a very traumatic impact on -- on 3 the -- on the staff.</p> <p>4 And we have really tried to help them 5 with that, do some things, do some trainings for 6 them on secondary trauma. We have an employee 7 assistance program, for example. So some of 8 those kinds of things to help to assist them with 9 that.</p> <p>10 BY MR. ALEXANDER:</p> <p>11 Q. And those sorts of issues with secondary 12 impact and the need for training and counseling 13 of your own staff, was that also present before 14 you came back in 2013?</p> <p>15 A. You know, secondary trauma is not a -- 16 not a new word, certainly. There's always some 17 level of secondary trauma that can occur. I 18 mean, you know, you could have secondary trauma 19 occur if a child on your caseload dies because of 20 abuse or neglect. That's going to have a similar 21 impact for staff members.</p> <p>22 I think what happened was the frequency 23 of those very traumatic events increased. So, 24 therefore, the secondary trauma became a bigger 25 issue and a bigger problem for us.</p> |
| <p style="text-align: right;">Page 163</p> <p>1 Q. And do you think that that's had some 2 impact on Children's Services other than in 3 relation to turnover that you've been talking 4 about; that there's been some other kind of 5 downstream effect of more secondary impacts that 6 you attribute to increased heroin abuse peaking 7 in, like, 2016?</p> <p>8 MS. FLOWERS: Objection to the form.</p> <p>9 THE WITNESS: I think there's been a 10 tremendous impact on the entire workforce related 11 to the opiate epidemic. I have personally talked 12 to supervisors and staff who have experienced 13 very significant trauma when they've lost a child 14 who may have, you know, got into a parents' drugs 15 and overdosed. Some of them -- we've had some 16 die. We've had parents who've died. We have 17 parents who relapse.</p> <p>18 So it's very hard on a worker if you're 19 working with a case and the family is doing well 20 and you're close to feeling like you can be able 21 to send this child back to live with their 22 family, and then the parent relapses, and they're 23 unable to make that reunification. There's a 24 sense of failure that goes with that when someone 25 fails or someone dies or someone is harmed. And</p> | <p style="text-align: right;">Page 165</p> <p>1 Q. And -- and is that the sort of thing 2 where we see a similar trend to what we've seen 3 in the past where there are times when there's 4 more secondary trauma, like during the 5 methamphetamine epidemic or the cocaine epidemic 6 or during other times when things might be 7 particularly bad in terms of other drivers of 8 Children's Services needs?</p> <p>9 MS. FLOWERS: Objection to the form.</p> <p>10 THE WITNESS: I don't recall, when 11 cocaine was an issue and meth was an issue, that 12 we had the same level of overdoses and deaths 13 that were occurring. They were -- they were 14 substantially different.</p> <p>15 BY MR. ALEXANDER:</p> <p>16 Q. I'm asking about the secondary impact. 17 So I -- it's probably hard to measure secondary 18 impact over time.</p> <p>19 You said that your impression is that 20 there was a time period where there was more 21 secondary impact during kind of the height of the 22 heroin epidemic in Summit County in 2016. Am I 23 right so far?</p> <p>24 MS. FLOWERS: Objection.</p> <p>25 THE WITNESS: I'm not sure -- I'm not</p> |

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| <p style="text-align: right;">Page 166</p> <p>1 sure that's what I said, so I can try to repeat 2 it if you want. But I think that we have seen a 3 higher level of secondary -- a more -- a higher 4 frequency of secondary trauma to our staff as a 5 result of the opiate epidemic.</p> <p>6 BY MR. ALEXANDER:</p> <p>7 Q. And has there been some metric that you 8 use for that in terms of productivity? Time off? 9 Anything other than turnover rate to measure the 10 increased frequency of secondary impact related 11 to heroin abuse?</p> <p>12 A. I don't know that there's a measure 13 other than really just processing with staff kind 14 of where they are and what they're struggling 15 with.</p> <p>16 I think turnover's probably a very minor 17 part of it, really. It's -- we have seen a 18 higher turnover. I don't think that's the 19 biggest issue.</p> <p>20 I think the bigger issue is really 21 making sure that people are -- people are okay to 22 be able to do the job and that their needs are 23 being met. And there's no measure for that. 24 There's not a test that we give them that says, 25 "Are you stressed?" We don't force those kinds</p> | <p style="text-align: right;">Page 168</p> <p>1 and have been aware that it is an issue. 2 If someone has a child die, that's 3 clearly going to cause some secondary trauma for 4 them. And children have died. Caseloads have, 5 you know -- parents have died. But what we've 6 seen is an increase in the frequency of that as a 7 result of the opiate epidemic.</p> <p>8 BY MR. ALEXANDER:</p> <p>9 Q. So are there any documents or types of 10 documents that you could point to where this has 11 been discussed or analyzed over time to look at 12 increased death of children or parents using 13 children's services and how that might have an 14 effect on employee well-being, this sort of 15 secondary impact?</p> <p>16 MS. FLOWERS: Object to the form. Asked 17 and answered.</p> <p>18 THE WITNESS: Again, I don't think -- we 19 don't have any documents that we fill out related 20 to that unless there's some specific incident in 21 the case file. There's nothing that documents 22 secondary trauma. It's a real issue, but it's 23 not analyzed and documented in a spreadsheet.</p> <p>24 BY MR. ALEXANDER:</p> <p>25 Q. Is it also an issue that's increasingly</p> |
| <p style="text-align: right;">Page 167</p> <p>1 of things on staff. 2 But we know when we hear them or see 3 them crying in their office that they're 4 experiencing stress. So we have to sit down with 5 them and say, "What is the issue that you're 6 experiencing? Why are you crying in your 7 office?" And it is generally about their case 8 having some sort of a trauma -- traumatic issue 9 that has caused them some harm and pain. 10 Q. And you're not saying all of the trauma 11 is because of heroin, are you? 12 MS. FLOWERS: Objection. 13 THE WITNESS: No. I didn't -- I didn't 14 say that. 15 BY MR. ALEXANDER: 16 Q. And there are reasons other than drug 17 abuse that might lead to changes in how -- kind 18 of how bad it is, how often you're seeing 19 secondary impacts, right? 20 MS. FLOWERS: Object to the form. 21 THE WITNESS: I haven't seen trends. I 22 -- I think you did ask me that. I haven't seen 23 trends where we've seen increase in secondary 24 trauma until more recently with the opiate 25 epidemic. I have always seen secondary trauma</p> | <p style="text-align: right;">Page 169</p> <p>1 the subject of awareness within the field of 2 professionals who do children's services? 3 MS. FLOWERS: Object to the form. 4 THE WITNESS: Could you say that again? 5 BY MR. ALEXANDER: 6 Q. Sure. Is there increasing awareness 7 about secondary impact and secondary trauma 8 within children's services? 9 A. I believe there is, yes. 10 Q. All right. I mean, more broadly, like, 11 within health care professionals, there's more 12 attention now than there was 20 years ago to the 13 impacts on the mental well-being and maybe even 14 the functioning of health care workers by what 15 they experience in their job, correct? 16 A. I -- can you -- you're going to have to 17 repeat that for me. 18 Q. Sure. 19 A. Sorry. 20 Q. It's probably not necessary. Why don't 21 we just go on. 22 In terms of the secondary impact and 23 this issue of tying it to the deaths of children 24 or adults who interact with Children's Services, 25 you mentioned something about case files.</p> |

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| <p style="text-align: right;">Page 170</p> <p>1 Is there any way that the frequency of 2 deaths related to children's services 3 participants, from whatever reason, whether they 4 die because of drugs, because -- they die of 5 issues completely unrelated to drugs, illness, 6 abuse, whatever it might be -- is there some 7 tracking of that over time so you can say that 8 deaths have become a more frequent occurrence?</p> <p>9 MS. FLOWERS: Object to the form.</p> <p>10 THE WITNESS: You know, I -- I think I 11 said before I -- I assume there's a place in 12 SACWIS, if a parent dies, that you would put that 13 in there. Could they pull a report? I don't 14 honestly know the answer to that. I --</p> <p>15 BY MR. ALEXANDER:</p> <p>16 Q. But you haven't asked that an analysis 17 be done looking at the frequency of deaths --</p> <p>18 MS. FLOWERS: Objection.</p> <p>19 BY MR. ALEXANDER:</p> <p>20 Q. -- out of your active case files?</p> <p>21 MS. FLOWERS: Objection.</p> <p>22 THE WITNESS: I have not --</p> <p>23 MS. FLOWERS: Lack of foundation.</p> <p>24 THE WITNESS: -- no.</p> <p>25 BY MR. ALEXANDER:</p> | <p style="text-align: right;">Page 172</p> <p>1 A. I believe that that occurred as a result 2 of closing of a medical clinic and a -- we had a 3 cafeteria and a medical clinic and changes 4 related to that. So those functions were 5 outsourced, and I believe that was the reason for 6 the reduction. But, again, I -- I was not there, 7 and I was not the director at that time, so . . .</p> <p>8 Q. Do you know if there were also just 9 general budget cuts coming off of political 10 change and economic downturn in this time period; 11 if there was a -- a drop overall in Children's 12 Services staffing and budgeting?</p> <p>13 A. In terms of revenue, there was 14 definitely a decrease in revenue for our agency 15 specifically between 2008 and 2012. Our revenue 16 dropped by about \$10 million annually in that 17 time period.</p> <p>18 Q. That's generally related because you get 19 a lot of your money from a tax levy that is 20 focused on property values; and so if property 21 values drop during a economic downturn, like in 22 the housing crisis like we're talking about 23 during that time period, it affects your revenue?</p> <p>24 MS. FLOWERS: Objection to the form.</p> <p>25 Lack of foundation.</p> |
| <p style="text-align: right;">Page 171</p> <p>1 Q. And in terms of this issue of your 2 active case files, the number of cases that are 3 open at any given time kind of goes up and down, 4 correct? It's not constant throughout the year? 5 It's not the same as it was in 2013 as present? 6 In any given year, it goes up and down and goes 7 up and down during the course of the year, 8 correct?</p> <p>9 MS. FLOWERS: Object to the form.</p> <p>10 THE WITNESS: Correct.</p> <p>11 BY MR. ALEXANDER:</p> <p>12 Q. And in terms of the -- Children's 13 Services, your staffing also has not remained 14 constant since 2013, correct?</p> <p>15 A. Well, in terms of numbers? Is that -- 16 no. Actually, staffing has remained fairly 17 stable in terms of staffing numbers, head count.</p> <p>18 Q. And was there a reduction, as far as you 19 know, in terms of staffing and budgeting in the 20 2008-2009 period?</p> <p>21 A. Yes. I believe there was a reduction in 22 either 2007 or '08 of staff. I was not there, so 23 I can't --</p> <p>24 Q. Do you know why that happened? Why 25 there was that staff from budget reduction?</p> | <p style="text-align: right;">Page 173</p> <p>1 THE WITNESS: The levy did have an 2 impact on the loss of revenue. We went on the 3 ballot in 2008 when it was really kind of right 4 at the time of low property values. So we were 5 locked in a lower rate in terms of 6 collections. So levy collections did decrease in 7 that time frame.</p> <p>8 The other issue in terms of revenue was 9 the loss of tangible personal property tax was 10 phased out. So for us, that was several million 11 dollars each year.</p> <p>12 State funds also decreased in that time 13 period, as well. So it was a combination of 14 factors, not just the levy.</p> <p>15 BY MR. ALEXANDER:</p> <p>16 Q. So overall between 2008 and 2018, over 17 those ten years, the -- until the budget 18 initiative just passed, at least, the funding of 19 Children's Services for Summit County generally 20 dropped and the overall needs for Children's 21 Services and the overall number of active cases 22 climbed; is that correct?</p> <p>23 A. That is correct, yes.</p> <p>24 Q. And having less money to do more work, 25 did that affect your ability to provide good</p> |

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| <p style="text-align: right;">Page 174</p> <p>1 children's services?</p> <p>2 A. I think we certainly had to do more with</p> <p>3 less. I don't want to say we didn't do quality</p> <p>4 work or our quality suffered necessarily. I</p> <p>5 think we had to do a lot of things to change. We</p> <p>6 tried to shift resources internally to make sure</p> <p>7 that we were getting resources to the front</p> <p>8 lines. We've applied for many grants in trying</p> <p>9 to help our revenue a little bit as well.</p> <p>10 We have put projects on hold over time</p> <p>11 so that we keep our focus and our priority always</p> <p>12 on our children and making -- we have no choice</p> <p>13 but to pay for the cost of placement, which has</p> <p>14 increased substantially.</p> <p>15 So it's been a -- I would say a shifting</p> <p>16 game for several years to get by until we could</p> <p>17 increase the levy revenue.</p> <p>18 Q. And -- and that -- those challenges that</p> <p>19 you have or the -- the budgetary barriers to</p> <p>20 providing the level of children's services that</p> <p>21 you would want, you're not attributing all of</p> <p>22 that to heroin abuse or anything relating to</p> <p>23 opiates or opioids, correct?</p> <p>24 MS. FLOWERS: Object to the form.</p> <p>25 THE WITNESS: I think it's a combination</p> | <p style="text-align: right;">Page 176</p> <p>1 look at whether the data supports that, correct?</p> <p>2 A. Correct.</p> <p>3 Q. Okay. And that has been part of</p> <p>4 numerous discussions that you have had in public</p> <p>5 fora, like at board meetings and public meetings</p> <p>6 and with the press, correct?</p> <p>7 A. Correct.</p> <p>8 Q. And it's also been part of your personal</p> <p>9 interaction and interaction through various</p> <p>10 professional organizations with, like, elected</p> <p>11 officials and state -- and state governmental</p> <p>12 actors as a way to try to increase the funding to</p> <p>13 offset the need to provide additional services;</p> <p>14 is that fair?</p> <p>15 A. That's correct. Uh-huh.</p> <p>16 Q. And additional funding has come in in</p> <p>17 2018, correct?</p> <p>18 MS. FLOWERS: Object to the form.</p> <p>19 THE WITNESS: No. The levy passed in</p> <p>20 2018. The additional funding would not collect</p> <p>21 until 2020.</p> <p>22 BY MR. ALEXANDER:</p> <p>23 Q. So the -- the efforts to get additional</p> <p>24 funding through private sources, through the</p> <p>25 state, all of -- all of the ways that you've been</p> |
| <p style="text-align: right;">Page 175</p> <p>1 of the loss of revenue along with the increased</p> <p>2 need for services. I would say that the</p> <p>3 increased need for services, from my perspective,</p> <p>4 is largely due to the opiate epidemic, yes.</p> <p>5 BY MR. ALEXANDER:</p> <p>6 Q. And that is a specific area where there</p> <p>7 have been analyses over the last two years or so</p> <p>8 looking at how much of the increase in the need</p> <p>9 for services can be attributed to opioids or</p> <p>10 opiates or heroin or this entire group of</p> <p>11 medicines and drugs, correct?</p> <p>12 MS. FLOWERS: Object to the form. Lack</p> <p>13 of foundation.</p> <p>14 THE WITNESS: Yeah. I don't really</p> <p>15 understand the question.</p> <p>16 BY MR. ALEXANDER:</p> <p>17 Q. So what you just mentioned, that you</p> <p>18 think that the increased need for services --</p> <p>19 A. Uh-huh. Yes.</p> <p>20 Q. -- the -- essentially, the burden on</p> <p>21 Children's Services, is attributable, in part, to</p> <p>22 the heroin epidemic and what you sometimes call</p> <p>23 either the opiate crisis or the opioid crisis.</p> <p>24 That is something that you and your staff have</p> <p>25 actually looked at and discussed and tried to</p> | <p style="text-align: right;">Page 177</p> <p>1 trying to get additional funding to offset the</p> <p>2 additional needs since you've recognized these</p> <p>3 issues over the time as an executive director,</p> <p>4 have you been able to get additional money that's</p> <p>5 actually come in yet?</p> <p>6 MS. FLOWERS: Object to the form.</p> <p>7 THE WITNESS: Other than small grants.</p> <p>8 I mean, we have the STARS grant, which, as you</p> <p>9 know, I believe I said started in 2012. So that</p> <p>10 was really prior to my time the STARS grant had</p> <p>11 been awarded. But that was a fairly substantial</p> <p>12 federal grant. So that would be included in the</p> <p>13 revenue.</p> <p>14 Other increases to the revenue have been</p> <p>15 small grants. We did really advocate with the</p> <p>16 state for additional state child protection</p> <p>17 allocation funds, which is the funding source</p> <p>18 that they provide to us to do our children's</p> <p>19 services work. And they did do an increase</p> <p>20 statewide of \$15 million in this last biennium</p> <p>21 each year.</p> <p>22 BY MR. ALEXANDER:</p> <p>23 Q. How much went to Summit County?</p> <p>24 A. It was -- I want to say -- I'm not</p> <p>25 sure -- 2- to 400,000. But it was minimal. They</p> |

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| <p style="text-align: right;">Page 178</p> <p>1 did a different formula than the typical formula 2 that they use to provide the allocation where 3 they provided the small counties with an 4 up-front, I believe, \$100,000 to all of the 5 smaller counties.</p> <p>6 So, then, what was left from that went 7 into the formula. So it was skewed to the 8 smaller counties instead of the larger counties, 9 so . . .</p> <p>10 Q. So Summit County got less than its 11 share, as far as you're concerned, based upon its 12 overall -- it's population and its needs?</p> <p>13 MS. FLOWERS: Object to the form.</p> <p>14 THE WITNESS: Well, I -- there was only 15 \$15,000 to go around. So, frankly, you know, 16 as -- as a part of the Public Children's Services 17 Association of Ohio, I was not necessarily 18 opposed to the formula that they used for this.</p> <p>19 I am certainly opposed to the amount of 20 money that the state of Ohio provides to 21 children's services because they provide the 22 lowest funding in the nation, and I have been 23 very vocal about that, yes.</p> <p>24 BY MR. ALEXANDER:</p> <p>25 Q. You have. And that was my next</p> | <p style="text-align: right;">Page 180</p> <p>1 money to do the job. And you blame that, at 2 least in part, on underfunding from the state, 3 correct?</p> <p>4 MS. FLOWERS: Object to the form.</p> <p>5 Misstates the testimony.</p> <p>6 THE WITNESS: Yes. I believe we've had 7 a revenue problem this entire last levy cycle. 8 And part of that is certainly, I believe, a 9 result of the state underfunding child protective 10 services, yes.</p> <p>11 BY MR. ALEXANDER:</p> <p>12 Q. And how long is the levy cycle?</p> <p>13 A. Six years.</p> <p>14 Q. Okay. So from 2012 to present, till -- 15 till, like, last month, the -- there was 16 inadequate funding to do the job that was 17 expected to be done even without any increase in 18 need for children's services attributable to 19 heroin or any other drug, correct?</p> <p>20 MS. FLOWERS: Object to the form. Lack 21 of foundation.</p> <p>22 THE WITNESS: There is inadequate 23 revenue for the agency to do the job. In this 24 last levy cycle, we have had to run on deficit 25 spending. So if we had not had sufficient funds</p> |
| <p style="text-align: right;">Page 179</p> <p>1 question. Can -- can you just explain how you 2 think that that makes it harder for Summit County 3 to do its job in children's services given the 4 statewide funding and that Ohio has remained 5 No. 50 and not even close to No. 49?</p> <p>6 A. Obviously, we don't have enough money to 7 do the job, as far as I'm concerned. So if you 8 didn't have local funds to support the work, I 9 don't know how those smaller counties who don't 10 have local funds are able to do -- even meet 11 their basic mandates.</p> <p>12 But it really does leave the burden of 13 child protective services on the local community 14 financially.</p> <p>15 Q. And is -- what you said in terms of not 16 having the money to do the job, was that true in 17 2013 and 2014?</p> <p>18 A. Well, clearly, this entire levy cycle 19 for us, it's been very clear that, you know, we 20 had a revenue problem. So I guess the answer is 21 yes, then. Yeah.</p> <p>22 Q. Okay. So before you noticed that there 23 was an uptick in heroin abuse and the impacts of 24 heroin abuse on children's services, even at that 25 point, you recognized that you didn't have enough</p> | <p style="text-align: right;">Page 181</p> <p>1 to operate in deficit spending, we would have had 2 a problem, of course.</p> <p>3 BY MR. ALEXANDER:</p> <p>4 Q. You -- you have what are called 5 carryover funds?</p> <p>6 A. Yes.</p> <p>7 Q. Can you just explain briefly for the 8 nongovernment accounting types among us how 9 carryover funds work?</p> <p>10 A. Well, basically, it is, you know, a -- 11 your cash balance, you know, it's -- at the end 12 of the year, if you have money left over, it 13 would be maintained in your cash balance and 14 carried forward into the following year.</p> <p>15 So we have always had some form of a 16 cash balance. And we have to have some level of 17 a cash balance because we are -- we operate on a 18 reimbursement basement -- basis for all of our 19 allocations. So --</p> <p>20 Q. And -- and is the funding specific to 21 Children's Services or subdivisions of Children's 22 Services? In other words, can money be moved 23 around to meet needs going forward?</p> <p>24 MS. FLOWERS: Object to the form.</p> <p>25 THE WITNESS: Are you asking if money</p> |

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| <p style="text-align: right;">Page 182</p> <p>1 can be moved around in the Children's Services 2 budget -- 3 BY MR. ALEXANDER: 4 Q. Yes. 5 A. -- specifically? 6 It -- it can be. I mean, you know, 7 there are certainly some regulations around what 8 can be moved and what can't and how much can be 9 moved. But, you know, you have -- there's -- and 10 it's very complicated. But it gets into pool 11 budgets, and there are pool -- budgets that are 12 line items within a pool. 13 So you can move money within the pool, 14 but if you're getting outside of moving money 15 from one pool to another, you have to do a budget 16 adjustment. 17 Q. So what's Children's Services under 18 within the Summit County government? How is it 19 organized? 20 A. We're really independent from the 21 county, but we're under the county umbrella. So 22 we are attached to them financially. We operate 23 independently. We have our own board of 24 trustees. But we are connected to the county 25 financially.</p> | <p style="text-align: right;">Page 184</p> <p>1 been under budget. 2 A. Right. 3 Q. You spend less -- 4 A. Yes -- 5 Q. -- than is in the budget? 6 A. -- that's correct. 7 Q. It's not like you've been exceeding 8 budget -- 9 A. No. 10 Q. -- because of un expected costs that 11 occur during the year. You've actually not been 12 spending all of what's been budgeted on a 13 year-to-year basis, correct? 14 MS. FLOWERS: Object to the form. 15 THE WITNESS: Most years, we have -- 16 well, all of the years since I've been the 17 director, we have -- our budget-to-actual is 18 under, but it -- naturally, the way that we build 19 a budget and operate would be. 20 I mean, you -- you build a budget that 21 you must live within because the process to do a 22 budget adjustment is very cumbersome and complex. 23 So you can't suddenly say, "Oh, we don't have 24 enough money now to pay our overtime or our 25 personnel bill."</p> |
| <p style="text-align: right;">Page 183</p> <p>1 Our money runs through the county 2 general fund. We have the same tax ID number, 3 those kinds of things. 4 Q. So the carryover funding, that is just 5 money that's Children's Services that has to be 6 used by Children's Services? 7 A. That's correct. 8 Q. Okay. And what is the current cash 9 balance that you have from last year? 10 A. Our current cash balance is probably 11 just under 20 million. 12 Q. And how much have you been depleting 13 that every year? 14 A. It's varied year to year. 3 million, 15 4 million, 5 million. 16 Q. Have you been -- 17 A. So -- 18 Q. -- using all of your budgets over the 19 time period you've been director? Using -- have 20 you been spending up all of the money that you've 21 had allocated in your budgets? 22 A. There's always some difference in the 23 actual budget to actual expenditures, if that's 24 what you mean. 25 Q. You've mostly, from what we've seen,</p> | <p style="text-align: right;">Page 185</p> <p>1 So you have to budget at a certain level 2 knowing that you're most likely going to come in 3 under that budgeted level. So our 4 budget-to-actual, I think, you know, is fairly 5 close given the size of the budget. We try to 6 budget as close to budget-to-actual. 7 In the last few years, I think we've 8 really tried very hard to keep our actual 9 expenses under budget. And we've made a very 10 concerted effort knowing that we would be 11 beginning at the end of this levy cycle with a 12 less-than-adequate carryforward balance to get 13 through the first quarter of 2020. 14 Q. A couple of things. 15 A. Uh-huh. 16 Q. So you were also under budget or you 17 came within budget for 2015, 2016, 2017, the time 18 period we talked about where you had, from your 19 perception, the greatest impact of the heroin 20 use, correct? 21 A. Correct. 22 MS. FLOWERS: Object to the form. 23 THE WITNESS: Yes. 24 BY MR. ALEXANDER: 25 Q. Okay. And when you talked about needing</p> |

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| <p style="text-align: right;">Page 186</p> <p>1 a cash balance for the first quarter, the way it 2 works is you -- you are paying, like, foster care 3 providers and you pay employee wages, you have a 4 lot of money that you pay out during the first 5 quarter before you start getting money back in 6 from reimbursement from federal reimbursement 7 programs and other sources; that tends to come 8 later in the year. Is that the way it works?</p> <p>9 MS. FLOWERS: Objection.</p> <p>10 THE WITNESS: Yes. Generally. And our 11 largest portion of the revenue is the levy, which 12 does not collect until April. So, you know, 13 that's -- that first quarter is where -- of 2020 14 was where we would have an issue and have had to 15 be very careful so that we could get the cash 16 balance adequate enough in the first quarter of 17 2020 to be able to make sure we had enough to 18 operate.</p> <p>19 BY MR. ALEXANDER:</p> <p>20 Q. With the anticipated increased revenue 21 stream from the levy that just passed in the 22 ballot initiative last month, have you already 23 earmarked that for any additional programs or 24 hiring that would have anything to do with 25 opioids, opiates, heroin, substance abuse of any</p> | <p style="text-align: right;">Page 188</p> <p>1 placements outside the agency at a higher rate 2 than we were previously, so . . .</p> <p>3 BY MR. ALEXANDER:</p> <p>4 Q. Is there any document -- I -- I know 5 there are a lot of documents that go into the 6 budgeting process and that went into lobbying, if 7 you will, for the -- the tax levy. Is there 8 anything that specifically talks about how the 9 five people to be hired and the additional needs 10 for foster and adoptive homes ties to some of the 11 past analysis about the impact of heroin abuse or 12 other drug abuse?</p> <p>13 MS. FLOWERS: Object to the form.</p> <p>14 THE WITNESS: I don't know if there's 15 specific documents. There's certainly documents 16 that were created for the budget, so that's the 17 only thing that I could come up with.</p> <p>18 BY MR. ALEXANDER:</p> <p>19 Q. Okay.</p> <p>20 A. I don't know.</p> <p>21 Q. And -- and if you were involved in them, 22 you would try to represent the facts accurately?</p> <p>23 A. If I was --</p> <p>24 MS. FLOWERS: Object to form.</p> <p>25 THE WITNESS: -- involved in?</p> |
| <p style="text-align: right;">Page 187</p> <p>1 sort?</p> <p>2 MS. FLOWERS: Object to the form.</p> <p>3 THE WITNESS: We have earmarked it for 4 expenditures that I think are related to the 5 opiate epidemic, yes.</p> <p>6 We -- we will increase the staff -- 7 actually, we're going to go ahead and increase 8 the staff in '19 to 330 from 325, which is our 9 budgeted head count. So we're adding five staff 10 because we feel the caseloads are -- have 11 increased higher than we are comfortable with 12 them being. So we're going to increase the staff 13 by five.</p> <p>14 The other issue is we have really -- are 15 having issues with the foster homes, inadequate 16 number of foster homes. So some of what I think 17 we will do once -- once the levy is passed and 18 we're collecting is to put together a robust 19 recruitment plan for foster and adoptive homes.</p> <p>20 We are very low in terms of foster and 21 adoptive homes. And with -- we've had a 22 substantial increase in the number of children in 23 custody over the last few years. So we don't 24 have enough foster and adoptive homes for the 25 placement. So we do have to purchase our</p> | <p style="text-align: right;">Page 189</p> <p>1 BY MR. ALEXANDER:</p> <p>2 Q. Involved in the budget documents that 3 talk about what your needs would be or what you 4 would do with the money, why you needed more 5 money, you tried to represent the facts 6 accurately, correct?</p> <p>7 MS. FLOWERS: Objection.</p> <p>8 THE WITNESS: Of course.</p> <p>9 BY MR. ALEXANDER:</p> <p>10 Q. Same thing goes for when you made public 11 statements or statements to elected officials?</p> <p>12 You've tried to represent the facts accurately, 13 correct?</p> <p>14 MS. FLOWERS: Object to the form.</p> <p>15 THE WITNESS: That's correct.</p> <p>16 BY MR. ALEXANDER:</p> <p>17 Q. So one of the things that's an issue, of 18 course, is that in trying to get the budgets 19 approved and get the tax levy on the ballot and 20 ultimately try to get the ballot initiative 21 passed, there is some degree of advocacy that has 22 to go on, correct?</p> <p>23 A. Correct.</p> <p>24 Q. And you've been involved in that for, 25 basically, two, two-and-a-half years, leading up</p> |

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| <p style="text-align: right;">Page 190</p> <p>1 to the -- the vote in November, correct?</p> <p>2 A. Yes.</p> <p>3 Q. At least that long --</p> <p>4 A. Yeah.</p> <p>5 Q. -- correct?</p> <p>6 A. At least.</p> <p>7 Q. And over, then, part of what has been an issue in terms of advocating for additional money is talking about the impact of the heroin epidemic or opiate crisis or opioid crisis described variously in the documents, correct?</p> <p>12 A. Correct.</p> <p>13 MS. FLOWERS: Object to the form.</p> <p>14 BY MR. ALEXANDER:</p> <p>15 Q. And you've done that in a way knowing that by talking about the impact upon Children's Services of the issue with heroin in particular, that it would help get additional funding if the people involved in setting the ballot initiative and ultimately voting agreed with the arguments being made, correct?</p> <p>22 MS. FLOWERS: Object to the form.</p> <p>23 THE WITNESS: I think it's important that the voters understand the impact to the agency, if that's what you mean, yes.</p> | <p style="text-align: right;">Page 192</p> <p>1 BY MR. ALEXANDER:</p> <p>2 Q. And the -- the worse it is, the more of an impact it is, the better of an argument it is to help get increased funding?</p> <p>5 MS. FLOWERS: Objection to the form.</p> <p>6 BY MR. ALEXANDER:</p> <p>7 Q. That's the way that it plays out, right?</p> <p>8 A. Well, I don't know. I mean, I guess -- I think it's important that the public understand that the opiate -- opiate epidemic did impact our agency and the cost to our agency because that was a tremendous factor in our need for additional money. It was also revenue. And I think we were very honest and very clear with the public about that as well.</p> <p>16 Q. Of saying your needs have increased while your revenue has decreased?</p> <p>18 A. Right.</p> <p>19 Q. Okay. And that there's this long-term issue of underfunding and understaffing going back to before 2010 --</p> <p>22 MS. FLOWERS: Objection.</p> <p>23 BY MR. ALEXANDER:</p> <p>24 Q. -- correct?</p> <p>25 MS. FLOWERS: Lack of foundation.</p> |
| <p style="text-align: right;">Page 191</p> <p>1 BY MR. ALEXANDER:</p> <p>2 Q. Okay. And it wasn't just ultimately the voters. Before the voters, you had to deal with other people in the budget process. There are a lot of players. You talked to state legislators. There were, like, letters sent to Donald Trump. There were all of these steps that were taken that you were involved in and people acting at your direction were involved in --</p> <p>10 A. Uh-huh.</p> <p>11 Q. -- to ultimately help increase the funding that you thought had been inadequate for years, correct?</p> <p>14 A. Correct.</p> <p>15 MS. FLOWERS: Object to the form of the question.</p> <p>17 BY MR. ALEXANDER:</p> <p>18 Q. And part of those measures was to talk about the impact of the use of heroin and fentanyl and fentanyl analogs in the community and its impact on children's services, correct?</p> <p>22 MS. FLOWERS: Objection.</p> <p>23 THE WITNESS: I don't know about fentanyl and heroin specifically but, generally, as I said, we've used the term "opiate use."</p> | <p style="text-align: right;">Page 193</p> <p>1 THE WITNESS: There has been a lack of funding at the state level going back, you know, really, forever. So, yeah, that's been -- at the state, there was a lot of advocacy around state funding related to just the lack of funding that the state has provided but also the need for increased funding as well, yes.</p> <p>8 MR. ALEXANDER: Okay. Now is probably a good time for a lunch break. Do you want to take that --</p> <p>11 MS. FLOWERS: Okay.</p> <p>12 THE WITNESS: Sure.</p> <p>13 MR. ALEXANDER: -- or do you want to keep going a couple minutes?</p> <p>15 THE WITNESS: Yeah. Sure. That's fine.</p> <p>16 MR. ALEXANDER: Let's take a break.</p> <p>17 THE VIDEOGRAPHER: Off the record at 12:18 p.m.</p> <p>19 (Luncheon recess taken.)</p> <p>20 - - -</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> |

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| <p style="text-align: right;">Page 194</p> <p>1 P R O C E E D I N G S 2 --- 3 Monday, December 3, 2018 4 Afternoon Session 5 --- 6 THE VIDEOGRAPHER: Back on the record at 7 1:22 p.m. 8 --- 9 EXAMINATION (continued) 10 BY MR. ALEXANDER: 11 Q. Ms. Barnes, do you have any of your 12 testimony from this morning you need to change or 13 supplement in any way? 14 A. No, I don't. 15 Q. I don't know that we actually went over 16 this, but can you explain what your 17 responsibilities are in your current position as 18 executive director of Summit County Children's 19 Services? 20 A. I am responsible for, really, the 21 day-to-day operations of the agency; setting 22 policy and procedure, practice, goals for the 23 agency; identifying our outcomes and objectives; 24 creating a budget and implementing the budget. 25 Basically, that's it.</p> | <p style="text-align: right;">Page 196</p> <p>1 that does any kind of ongoing type work that 2 would need to happen with the family. 3 And then we have a department we call 4 perm planning -- permanency planning -- placement 5 and permanency planning. So they do all of the 6 placement of children as well as the foster care 7 and adoption activities, including licensure and 8 adoption of children. 9 Q. Does Children's Services deal with child 10 support when there are obligations for child 11 support payment? 12 A. No, we don't. 13 Q. And what -- what part of the county 14 deals with that or what organization deals with 15 that within the county? 16 A. Child support in Summit County is under 17 the prosecutor's office. 18 Q. Okay. And -- and the children who are 19 at issue, do they go from birth until age of 20 majority? 21 A. We serve children from birth through 18, 22 or through 21 for children who have developmental 23 disabilities. 24 Q. And just to put a -- an idea on it, what 25 does the annual budget run for the -- the revenue</p> |
| <p style="text-align: right;">Page 195</p> <p>1 Q. Okay. And can you explain the structure 2 and purview of Summit County Children's Services? 3 A. We are the agency that is mandated to 4 assess child abuse and neglect for children in 5 Summit County. 6 Q. And what are the -- the subdivisions of 7 Children's Services under you? I have a -- I 8 have an organizational chart from earlier this 9 year. That helps, but if you could explain it. 10 A. We have various divisions in the agency. 11 I assume that's what you mean. So we have a 12 social service division, which is where all of 13 our casework occurs. We have a division that is 14 our human resources and support services. We 15 have a legal and administrative services 16 division, and a fiscal division. 17 Q. And within social services, are there 18 subdivisions of that in terms of the types of 19 issues that they address? 20 A. Yes, there are. There are different 21 departments in social services. So there's an 22 intake department. The intake department 23 assesses the child abuse and neglect as they come 24 in -- the calls come in to our hotline. 25 Then we have a protective department</p> | <p style="text-align: right;">Page 197</p> <p>1 and expenditures for your Summit County 2 Children's Services during the time you've been 3 executive director? 4 A. Our -- it is approximately 45 to 5 46 million in revenue and 48 to 50 million in 6 expenses, you know, given each year it's varied a 7 little bit. 8 Q. And where does most of your revenue come 9 from? 10 A. The primary source of our revenue, 11 anywhere from 57 to 60 percent, comes from our 12 local levy. 13 Q. And in terms of your expenditures, where 14 do most of the expenditures go? 15 A. Our primary expenditure is 16 personnel-related costs -- 17 Q. And that -- 18 A. -- first. 19 Q. And that includes benefits? 20 A. That includes -- well, I mean, they're 21 separate, but benefits and personnel. All 22 personnel costs would be our primary cost. 23 Q. In terms of outside costs, not just 24 associated with hiring and having a staff, but 25 where money goes out, where does that mostly go?</p> |

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| <p style="text-align: right;">Page 198</p> <p>1 A. I don't -- I'm not certain -- I'm not 2 sure I understand.</p> <p>3 Q. So we talked earlier about paying for 4 foster care and provide -- costs associated 5 with --</p> <p>6 A. Right.</p> <p>7 Q. -- homes that are intended for, I guess, 8 short-term or potentially long-term housing of 9 children. Is that an outside expense?</p> <p>10 A. It can be. There's different types of 11 placement expenditures. We have our own license 12 by our agency foster homes so that -- my guess 13 would be an inside expense. We have contracted 14 placements where we contract with providers who 15 do various levels of foster care, and so that's a 16 contracted outside expense.</p> <p>17 - - -</p> <p>18 Thereupon, Exhibit 1 was marked for 19 purposes of identification.</p> <p>20 - - -</p> <p>21 BY MR. ALEXANDER:</p> <p>22 Q. Marked as Exhibit 1, a document with the 23 Bates numbers starting SUMMIT 0 -- underscore 24 0000037847 running through -3857. There's a copy 25 for you and a copy for plaintiffs' counsel.</p> | <p style="text-align: right;">Page 200</p> <p>1 legal services division rather than a direct 2 report to me. So those are the kinds of changes 3 where we have moved things from just one place to 4 another.</p> <p>5 We have a training center, a 6 professional development center, for example, 7 another example. And that was previously under 8 our human resources and support services area. 9 The regional training center still remains there, 10 but the training units for social service have 11 returned to the social service department.</p> <p>12 So lots of structural changes where 13 either the expertise changed or we needed, you 14 know, to balance out the number of reports or 15 programmatically something made sense that it sat 16 somewhere else. So those kinds of structural 17 changes have occurred.</p> <p>18 Q. Have there been any new branches, 19 divisions, departments created at all since 2013?</p> <p>20 A. When I first came to the agency, human 21 resources was actually under administrative and 22 legal services, so I moved that into its own area 23 and division. And I moved some of the support 24 services under that area as well.</p> <p>25 So, for example, information technology</p> |
| <p style="text-align: right;">Page 199</p> <p>1 Have you ever seen Exhibit 1 before?</p> <p>2 A. I believe so.</p> <p>3 Q. And what's your understanding of what 4 Exhibit 1 represents?</p> <p>5 A. This is a table of organization of 6 Summit County Children's Services.</p> <p>7 Q. And I know some of the names may have 8 changed on here over time, but the structure 9 that's depicted, has this been the structure in 10 place since you became executive director in 11 2013?</p> <p>12 A. There's been a lot of structural changes 13 over time that would change the table of 14 organization.</p> <p>15 Q. I don't know that I need all of the 16 detail, and I think this is the one we have for 17 current. Do you -- can you give us an overview 18 of what the structural changes have been to 19 Summit County Children's Services since 2013?</p> <p>20 A. Well, I mean, I can start with an example. If you want more, I'll be happy to give you more. But, for example, we had -- our community relations director previously reported to me. When he retired, I moved the community relations department under the administrative and</p> | <p style="text-align: right;">Page 201</p> <p>1 reported directly to me -- to the former 2 director. So when I came, that individual 3 reported to me, and I moved that under that 4 support services division. Client rights and 5 quality improvement reported directly to me, and 6 I moved that as well.</p> <p>7 So I guess you -- your question was: 8 Was there a new division? Human resources was 9 not technically a division previously.</p> <p>10 Q. Some of the boxes have moved around --</p> <p>11 A. Right.</p> <p>12 Q. -- if you will?</p> <p>13 A. Yes.</p> <p>14 Q. There's new -- there's now a fourth 15 branch, among other things?</p> <p>16 A. Right.</p> <p>17 Q. Okay. The administrative and legal 18 services, that's headed up by Katerina Papas?</p> <p>19 A. That's right.</p> <p>20 Q. And has she been the head of that the 21 entire time you've been executive director?</p> <p>22 A. Yes, she has.</p> <p>23 Q. So I understand how it works, do they 24 provide you with legal advice in connection with 25 anything, or is it more that they function in</p> |

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| <p style="text-align: right;">Page 202</p> <p>1 conjunction with, like, other legal proceedings 2 where there's, like, a -- you know, a dispute 3 that involves one of your clients?</p> <p>4 MS. FLOWERS: I'm going to object just 5 for the extent it calls for a legal opinion.</p> <p>6 If you can answer without giving that, 7 please do.</p> <p>8 THE WITNESS: Their primary role in that 9 division is to do the juvenile court preparation 10 work. We are represented by the county 11 prosecutor. They prepare the complaints, the 12 journal entries, the staff or testimony. So they 13 work primarily on the juvenile law side.</p> <p>14 If we have the need for outside counsel 15 for other legal matters, lawsuits, they will work 16 with the outside counsel to manage those lawsuits 17 as well.</p> <p>18 BY MR. ALEXANDER:</p> <p>19 Q. Okay. So other than the juvenile -- 20 juvenile court, do they ever function in terms of 21 giving you, in your role as executive director, 22 legal advice?</p> <p>23 MS. FLOWERS: Same objection.</p> <p>24 THE WITNESS: Should I answer that? Is 25 that --</p> | <p style="text-align: right;">Page 204</p> <p>1 that are produced through the Ohio Administrative 2 Code. So there's a lot of administrative 3 functions in that department or division as well.</p> <p>4 BY MR. ALEXANDER:</p> <p>5 Q. Okay. So somebody who's housed under 6 administrative and legal services division can 7 participate in meetings and be copied on e-mails 8 where they're not being asked to provide legal 9 advice, correct?</p> <p>10 A. They could --</p> <p>11 MS. FLOWERS: Object to the form.</p> <p>12 THE WITNESS: They could be, yes.</p> <p>13 BY MR. ALEXANDER:</p> <p>14 Q. And that certainly goes for the 15 administrative half of that division, correct?</p> <p>16 MS. FLOWERS: Objection. Misstates the 17 testimony.</p> <p>18 THE WITNESS: Yes. That would be 19 correct. There's administrative functions that 20 would not necessarily be a legal role.</p> <p>21 BY MR. ALEXANDER:</p> <p>22 Q. Certainly all of the people under the 23 community relations chart -- part of the chart, 24 that's not legal?</p> <p>25 MS. FLOWERS: Objection.</p> |
| <p style="text-align: right;">Page 203</p> <p>1 MS. FLOWERS: Yes. You can answer it if 2 you can answer without giving away what legal 3 advice you might have been given.</p> <p>4 THE WITNESS: I mean, their role, for 5 example, if we sign a contract, they will review 6 that for me. That's it -- yeah. So I -- I guess 7 that's legal advice.</p> <p>8 But they will look at legal documents 9 internally and discuss them with me, talk to me 10 about them if I need to understand them from a 11 legal perspective.</p> <p>12 BY MR. ALEXANDER:</p> <p>13 Q. Do they also sometimes function in kind 14 of a business role, a more functional role or 15 administrative role?</p> <p>16 MS. FLOWERS: Object to form.</p> <p>17 THE WITNESS: The director -- the deputy 18 executive director, Katerina Papas, also does -- 19 supervises the community relations department, 20 for example. So, you know, they look at our 21 insurance area, all of those. So there's those 22 administrative functions that go along with that 23 as well.</p> <p>24 The government affairs, they -- our -- 25 work with our advocates at the state on the rules</p> | <p style="text-align: right;">Page 205</p> <p>1 THE WITNESS: That's correct.</p> <p>2 BY MR. ALEXANDER:</p> <p>3 Q. I don't want to take up too much time, 4 but I think after the first page, we start seeing 5 names --</p> <p>6 A. Uh-huh.</p> <p>7 Q. -- filling in the boxes, including --</p> <p>8 A. Right.</p> <p>9 Q. -- you on the second page for executive 10 staff under the Summit County Children's Services 11 board of trustees.</p> <p>12 A. Uh-huh.</p> <p>13 Q. I think you mentioned this briefly.</p> <p>14 What -- what's the function of the board of 15 trustees?</p> <p>16 A. The board of trustees is primarily 17 the -- has the fiscal responsibility for the 18 agency.</p> <p>19 Q. And are those people from outside of the 20 government, outside of Summit County government?</p> <p>21 A. They are primarily outside of Summit 22 County government, yes.</p> <p>23 Q. And how often are there meetings of this 24 board?</p> <p>25 A. They have a monthly meeting.</p> |

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| <p style="text-align: right;">Page 206</p> <p>1 Q. And do you participate in every monthly 2 meeting?</p> <p>3 A. Yes.</p> <p>4 Q. And in advance of each meeting, is there 5 an agenda prepared and minutes circulated of the 6 prior meeting?</p> <p>7 A. Yes, there is.</p> <p>8 Q. And then after the meeting, are minutes 9 generated for that meeting?</p> <p>10 A. Yes, there are.</p> <p>11 Q. What other sorts of documents are 12 created or circulated in connection with these 13 board meetings?</p> <p>14 A. I produce a data report and a executive 15 director report that is in a written format for 16 the board. And then I give them an oral report 17 as well.</p> <p>18 Q. And what you've just described, has that 19 been the practice since you became executive 20 director in 2013?</p> <p>21 A. Yes.</p> <p>22 Q. Okay. And the sorts of documents you've 23 talked about -- minutes, your executive report, 24 the other reports that you generate and 25 circulate -- are those also maintained in the</p> | <p style="text-align: right;">Page 208</p> <p>1 have a committee meeting called the resources 2 committee meeting, and those minutes are 3 maintained by the administrative assistant for 4 our director of fiscal services, Michelle 5 Tersigni.</p> <p>6 And then we have a planning and program 7 committee that meets periodically. And I think 8 sometimes Michelle Tersigni takes those minutes, 9 and sometimes the administrative assistant for 10 human resources takes those.</p> <p>11 Q. Okay. So you said that the board's 12 function is financial oversight.</p> <p>13 A. Primarily, yes.</p> <p>14 Q. So you would expect that there would be 15 discussion of budgeting and expenditures and 16 various factors that impact budgeting and 17 expenditures?</p> <p>18 MS. FLOWERS: Object to the form.</p> <p>19 THE WITNESS: There are discussions 20 about the budget monthly. One of the things I 21 failed to mention in your last question about 22 documents provided to them, they are provided 23 a -- of -- a financial update every month, as 24 well, written and verbal.</p> <p>25 BY MR. ALEXANDER:</p> |
| <p style="text-align: right;">Page 207</p> <p>1 regular course of business?</p> <p>2 A. Anything that's provided to our board is 3 maintained in the board packet.</p> <p>4 Q. Okay.</p> <p>5 A. So that is, yes, maintained in the board 6 documents.</p> <p>7 Q. And is there some sort of file where you 8 could go back and look to see what was circulated 9 to the board in June of 2014 or some other 10 specific month?</p> <p>11 A. Yes, there is.</p> <p>12 Q. Okay. And you have the ability to 13 access those?</p> <p>14 A. I don't personally access them, but I 15 have -- I can get access to them.</p> <p>16 Q. Like your executive administrative 17 assistant, Beth Lowe, might be able to find that 18 stuff?</p> <p>19 A. Right. She would maintain those 20 documents for me.</p> <p>21 Q. Okay. And who actually creates the 22 minutes?</p> <p>23 A. Well, there are subcommittees of the 24 board. Beth Lowe, my administrative assistant, 25 takes the minutes in the main board meeting. We</p> | <p style="text-align: right;">Page 209</p> <p>1 Q. Who generates that?</p> <p>2 A. Our fiscal department generates that.</p> <p>3 Q. So according to this, that's -- that 4 would be Deputy Executive Director Darin Kearns 5 currently?</p> <p>6 A. That's right.</p> <p>7 Q. Okay. And so the practice you've been 8 describing of monthly meetings with these various 9 documents that are generated and circulated 10 relating to budget expenditure, factors and 11 trends affecting budgets and expenditures over 12 time, do you have an understanding as to whether 13 the same basic process was in place before you 14 became executive director?</p> <p>15 A. I believe it was similar. I believe the 16 former executive director also provided a written 17 and a verbal report to the board monthly. And 18 there was also a finance report given monthly by 19 the former finance director as well.</p> <p>20 Q. And so when you started in 2013, did you 21 have the ability to go back and look at minutes 22 or records that would have been circulated in 23 connection with prior board meetings before you 24 were the director?</p> <p>25 A. I would have access to those if I needed</p> |

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| <p style="text-align: right;">Page 210</p> <p>1 them, yes.</p> <p>2 Q. And those are maintained on an ongoing 3 basis in case there's a need to go backwards and 4 look?</p> <p>5 A. I believe those are maintained 6 permanently, but certainly for an extensive 7 period of time.</p> <p>8 Q. Okay. And we talked earlier about the 9 time period when there started being discussions 10 about the impact of heroin and other drugs of 11 abuse. In particular, in roughly 2014, do you 12 think that there would be documents related to 13 board meetings from around that time that started 14 talking about heroin abuse and other drug abuse 15 that would affect budgeting and expenditure 16 discussions?</p> <p>17 MS. FLOWERS: Objection to the form.</p> <p>18 THE WITNESS: I believe regularly in the 19 reports that I provide to the board, there are 20 mentions of the impact of the opiate epidemic on 21 the agency and on the finances. So those would 22 be part of the reports that have been provided to 23 the board.</p> <p>24 BY MR. ALEXANDER:</p> <p>25 Q. All right. And in terms of any prior</p> | <p style="text-align: right;">Page 212</p> <p>1 discussed or presented to the board meetings?</p> <p>2 A. I attended some board meetings in my 3 prior role, but certainly not extensively. That 4 really wasn't my role at that point. So I -- you 5 know, I -- again, I don't really know.</p> <p>6 Q. Give -- given your knowledge of how the 7 board functions, do you expect that if there was 8 anything going on that was a big deal affecting 9 budgeting and expenditure, financial discussions 10 with the board, that it would have been included 11 in the board meeting minutes and documents 12 presented to the board?</p> <p>13 MS. FLOWERS: Object to the form.</p> <p>14 THE WITNESS: Well, that would be the 15 executive director's responsibility.</p> <p>16 BY MR. ALEXANDER:</p> <p>17 Q. So you don't know if the executive 18 directors before you did it, but it was part of 19 their purview to do that?</p> <p>20 A. Correct.</p> <p>21 Q. Okay. So looking here, Mr. Kearns, is 22 he still deputy executive director, fiscal 23 services and facilities management division?</p> <p>24 A. Yes, he is.</p> <p>25 Q. Ms. Davidson, MSW, LISW, is she still</p> |
| <p style="text-align: right;">Page 211</p> <p>1 discussions, before the heroin issues were 2 noticed by you and your staff in 2014, when there 3 were issues going in the past relating to, you 4 know, the cocaine/crack epidemic or the meth 5 epidemic or any other, you know, area -- point in 6 time when there was a lot of substance abuse 7 affecting children's services, do you expect that 8 there would have been similar discussions with 9 the board of trustees?</p> <p>10 MS. FLOWERS: I object to the form and 11 to the extent it misstates the witness's 12 testimony.</p> <p>13 THE WITNESS: I don't -- I don't really 14 know. That would have been the former director, 15 and I really did not review his reports other 16 than probably one or two of the most recent 17 reports.</p> <p>18 When I became the executive director, I 19 looked back at a couple of his recent reports, 20 but I did not review anything he had provided to 21 the board previously.</p> <p>22 BY MR. ALEXANDER:</p> <p>23 Q. What about back when you were at Summit 24 County, the prior stint back through 2007? Did 25 you ever have occasion to know what was being</p> | <p style="text-align: right;">Page 213</p> <p>1 deputy executive director of social services 2 division?</p> <p>3 A. Yes, she is.</p> <p>4 Q. And Ms. Papas, she's still general 5 counsel of this division?</p> <p>6 A. Yes, she is.</p> <p>7 Q. Is Ms. Nash still the deputy executive 8 director of human resources and support services 9 division?</p> <p>10 A. Yes, she is.</p> <p>11 Q. And if you go to the -- the next page -- 12 and I'm -- I will apologize. I didn't make the 13 document. But some of the print is really 14 small --</p> <p>15 A. Yeah.</p> <p>16 Q. -- and strains people's eyes, certainly 17 at a certain age of their being.</p> <p>18 A. I have no problem reading it.</p> <p>19 Q. Good. So I don't want you to go through 20 all the names and all the boxes, but if you stay 21 at the director level --</p> <p>22 A. Okay.</p> <p>23 Q. -- are -- are there any of the people 24 listed in the -- the top boxes that include the 25 director-level positions, the deputy executive</p> |

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| <p style="text-align: right;">Page 214</p> <p>1 director and director positions, who are not 2 current as of December of 2018? 3 A. I believe those are all current. The 4 names of those directors at the department 5 director level, I assume, is where you're 6 looking. Since we already talked about the 7 deputy executive director level, I assume you're 8 looking at the department director level. And 9 those, I believe, are all the same.</p> <p>10 Q. Yes, ma'am. So that was Page 3. 11 A. Yes. 12 Q. That says "Management Staff." 13 A. Uh-huh. 14 Q. Can you go -- do the same thing on the 15 next page, "Fiscal Services Division"? 16 A. Uh-huh. The direct -- department 17 director level is the same. There are some 18 changes of staff in the lower-level positions. 19 Q. And which ones are you aware of? 20 A. For example, William Piurkowsky, 21 security officer, I don't think he's in that role 22 anymore. Amanda Haviland I don't believe is with 23 the agency anymore. 24 Q. Can you go to the next page, "Social 25 Services Division"? Again, the same thing,</p> | <p style="text-align: right;">Page 216</p> <p>1 like intake and protective and placement 2 permanency? 3 A. Intake and protective and placement and 4 permanency planning are the departments in social 5 services where I would anticipate we would 6 increase our staff by a minimum of five staff. 7 Although, at this point, we are having 8 conversations of increasing the staff further. 9 But we would be looking at our intake 10 department specifically for additional staff. 11 Although, we'll probably have to add a position 12 or two in the protective department as well. 13 Q. So the intake department also tracks 14 information at the intake level about how often 15 there's some issue that relates to substance 16 abuse, correct? 17 A. They can now track in SACWIS at the time 18 of a phone call to the hotline. If someone 19 reports that there is substance use, they can 20 track that, as well as there is now a field for 21 the type of substance if the reporter is aware of 22 the type of substance. 23 Q. And this is a change from some of the 24 prior versions of SACWIS going back in time? 25 A. That's right.</p> |
| <p style="text-align: right;">Page 215</p> <p>1 department director level. Are the folks here 2 all current? 3 A. Yes. 4 Q. Same thing for the next one, "Social 5 Services Program." 6 A. The department director is the same. 7 There are some changes that have occurred at the 8 supervisor level. 9 Q. What are those changes? 10 A. The social service supervisor over the 11 substance abuse intervention unit moved into a 12 training role, so she's no longer in that role. 13 I can't really speak to the staff in the 14 levels beyond that, frankly. I'm sure there have 15 been changes, but I would not be able to -- 16 Q. But -- 17 A. -- repeat them. 18 Q. That's why I'm trying to focus mostly on 19 the department -- 20 A. Yeah. 21 Q. -- director level. 22 And so the -- the budgeting that's come 23 in, the extra hiring that you're talking about, 24 is anyone going to be in the social services 25 programs, or is it all in the -- the later ones</p> | <p style="text-align: right;">Page 217</p> <p>1 Q. Okay. So you can't necessarily make a 2 direct comparison between whatever they see at 3 intake in 2017 and '18 compared to 2013 before 4 those fields or options were available, correct? 5 MS. FLOWERS: Object to the form. 6 THE WITNESS: Not in that -- they're -- 7 not in that field. They would have to look at 8 and try to analyze that through a different 9 field. 10 BY MR. ALEXANDER: 11 Q. So it may be that a case where there's 12 an initial report of something relating to 13 substance abuse when it's investigated, if it's 14 investigated, if it meets criteria for 15 investigation, turns out there isn't a substance 16 abuse issue, that's one possibility, correct? 17 A. Correct. 18 MS. FLOWERS: Object to the form. 19 BY MR. ALEXANDER: 20 Q. And it's also -- you have criteria for 21 when you get from intake at the hotline call to 22 actually getting to open a case file and 23 investigating, correct? 24 A. Well, we have to determine whether or 25 not it meets the criteria to be opened as a</p> |

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| <p style="text-align: right;">Page 218</p> <p>1 report or not. 2 Q. And not all calls do meet the criteria? 3 A. No. 4 Q. And sometimes it can be that an initial 5 call doesn't report a substance abuse issue, a 6 case is opened, there's some investigation 7 conducted, and it turns out there is some 8 substance abuse issue that affects the case in 9 some form or fashion, correct? 10 A. That's right. 11 Q. Okay. And -- but in terms of the data 12 that you've seen, the more recent data that 13 you've seen from the intake department in terms 14 of the intake calls and how often there's 15 substance abuse noted that specifically relates 16 to heroin, opiates, or opioids, that's about 17 8 percent of the time, correct? 18 MS. FLOWERS: Object to the form. Lack 19 of foundation. 20 THE WITNESS: I -- I don't know that 21 specifically about calls that come in at the 22 hotline. 23 BY MR. ALEXANDER: 24 Q. Do you remember seeing any data on -- 25 looking at intake calls to see how often they</p> | <p style="text-align: right;">Page 220</p> <p>1 Q. What about the supervisor level? Has 2 any of that staffing changed? 3 A. Supervisor level has had staffing 4 changes. I know that the supervisor in the 5 medically fragile unit, the first one, S. Bodey, 6 he has recently left the agency, so he is no 7 longer in that role. 8 Q. Can you -- is that it? 9 A. I -- I think that M. Foster has left her 10 role as well. So I think those are two changes 11 that have occurred there. 12 Q. The caseworkers, they have Roman 13 Numerals and then letters after their names. So 14 it would be, like, I-A, II-C. There are all 15 these different combinations of numbers and 16 letters after the caseworkers. Do you see that? 17 A. I do. 18 Q. And can you just explain, in general, 19 what is it -- what's the difference between a I-A 20 and a II-C or a II-B, any of the other 21 permutations here? 22 A. Well, I can't give you any good 23 explanation for it. It means something. It has 24 to do with time in their role, education, their 25 licensure, degrees. I mean, it's a very</p> |
| <p style="text-align: right;">Page 219</p> <p>1 relate to substance abuse, including specifically 2 heroin, opiates, or opioids? 3 A. I have seen data about what comes in at 4 the hotline and what is substance use and what is 5 opioid abuse, but I don't know those numbers 6 about what comes into the hotline. 7 Q. Okay. We have some documents that we 8 can go over that. 9 A. Okay. 10 Q. I'm asking: Do you know, like, what the 11 most recent current is? Because the documents we 12 have may be outdated. Maybe it's changed up or 13 down since then. 14 A. I don't know any numbers. 15 Q. Okay. All right. Intake department, 16 has anybody changed at the director level? 17 A. I'm sorry. What page? 18 Q. We're on Page 7, I think. 19 A. 7. 20 Q. It ends in -- it's the Bates number 21 ending -- ending in -53. 22 A. Okay. The director level is the same. 23 Q. The next one, "Protective Department." 24 At the director level, has anybody changed? 25 A. No.</p> | <p style="text-align: right;">Page 221</p> <p>1 cumbersome and complex process driven by our 2 union contract, but I can't explain it to you. 3 Q. Okay. So it affects, essentially, how 4 much they get paid? 5 A. I believe it is linked to pay, but, 6 yeah, I -- I don't know. 7 Q. Okay. Is this an area where the new 8 funding and increased hiring is -- is planned to 9 go for the protective department for these 10 different caseworker levels? 11 A. If we add positions in the protective 12 department, which I believe they are understaffed 13 at this point, we would be adding 14 caseworker-level positions. And whether that's 15 the III or the II or the I or the C or A, I don't 16 know. One of those would be a training-level 17 position, so -- 18 Q. In -- 19 A. -- that's where they would start. 20 Q. In general, when they come in, they come 21 in at the lowest level and work their way up 22 depending on what their background, education and 23 experience is? 24 A. That's right. They come in at a 25 training level based on background, education,</p> |

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| <p style="text-align: right;">Page 222</p> <p>1 experience.</p> <p>2 Q. And do you have a -- a target for</p> <p>3 caseload by number of caseworker in this</p> <p>4 protective department?</p> <p>5 A. We don't necessarily have a target. And</p> <p>6 we kind of stay away from that because we can't</p> <p>7 really turn it off when the numbers go beyond a</p> <p>8 target. They -- I know they're certainly higher</p> <p>9 than they were. They were averaging probably</p> <p>10 eight; they are more like ten at this point. So</p> <p>11 they are a little higher than they were.</p> <p>12 I think part of the issue with their</p> <p>13 caseloads is just the complexity of the case and</p> <p>14 the number of siblings and the placement types</p> <p>15 and places that they are. So it has added a new</p> <p>16 element of where they have to go see their</p> <p>17 children, the transportation issues, the</p> <p>18 visitation issues, a lot of extensive time spent</p> <p>19 in supervising visits.</p> <p>20 Q. So some of the best practices documents</p> <p>21 you might see in this area talk about trying to</p> <p>22 set caseload targets. You don't subscribe to</p> <p>23 that being necessary to improve overall</p> <p>24 performance?</p> <p>25 A. I -- I don't pay a lot of attention to</p> | <p style="text-align: right;">Page 224</p> <p>1 we -- at least not this year or next year, that</p> <p>2 would not be in our budget to do that.</p> <p>3 Q. And that, too, is in addition to</p> <p>4 replacing anybody who leaves, right?</p> <p>5 A. Yes. I am talking about increasing by</p> <p>6 two.</p> <p>7 Q. And -- and within this area, this</p> <p>8 protective department --</p> <p>9 A. Yes.</p> <p>10 Q. -- is this where you see a lot of</p> <p>11 turnover?</p> <p>12 A. No. This is not necessarily where we</p> <p>13 see our turnover. It would be in our intake</p> <p>14 department.</p> <p>15 Q. Okay. All right. And has the turnover</p> <p>16 in intake increased or decreased in the last year</p> <p>17 compared to the prior year?</p> <p>18 A. I believe it has increased. I -- you</p> <p>19 know, I haven't looked at the trend recently. I</p> <p>20 did -- I know we had a class of new hires --</p> <p>21 several classes of new hires last year and we had</p> <p>22 a significant loss of staff in 2017 in the first</p> <p>23 year. So that was unusual for us.</p> <p>24 We don't have a high turnover rate,</p> <p>25 generally, when we compare ourselves to other</p> |
| <p style="text-align: right;">Page 223</p> <p>1 those, frankly, because I think that every agency</p> <p>2 does their work very differently. So if the</p> <p>3 state says, you know, 12 looks like a great</p> <p>4 number to us -- which at some point they did</p> <p>5 years and years ago, and they have not really, to</p> <p>6 my knowledge, updated that.</p> <p>7 But, again, that really depends on how</p> <p>8 each agency structures their work. So if your</p> <p>9 staff don't have to supervise visits, for</p> <p>10 example, they could carry more cases. If they</p> <p>11 don't have to do their own transportation, they</p> <p>12 could carry more cases.</p> <p>13 So it's really a lot of variables that</p> <p>14 go into what is really the appropriate case level</p> <p>15 for every division, and -- and every agency would</p> <p>16 be different.</p> <p>17 Q. Okay. And is there a specific number</p> <p>18 that you're targeting hiring or at least</p> <p>19 replacing who've left in this protective services</p> <p>20 division?</p> <p>21 A. Well, I am at least targeting two</p> <p>22 positions at this point, although I would say</p> <p>23 that that is not necessarily adequate. We really</p> <p>24 probably need an entire unit of staff in the</p> <p>25 protective department. But I don't think that</p> | <p style="text-align: right;">Page 225</p> <p>1 state organizations. Our turnover has been</p> <p>2 fairly low. Last year, our turnover was higher</p> <p>3 than it has been. I believe our total turnover</p> <p>4 was about 12 percent last year, but that</p> <p>5 includes, obviously, all types of turnover:</p> <p>6 retirements, different types of exits. We had</p> <p>7 two deaths in the agency as well, so . . .</p> <p>8 Q. So the 12 percent turnover was for 2018</p> <p>9 or 2017?</p> <p>10 A. '17.</p> <p>11 Q. Do you know what it's looking like so</p> <p>12 far this year or can you not tell?</p> <p>13 A. I don't know.</p> <p>14 Q. Okay. Do you know what it was in '16?</p> <p>15 A. I don't know.</p> <p>16 Q. But it was lower than 12 percent?</p> <p>17 A. I believe it was lower, but I really</p> <p>18 don't know, and I haven't looked at that</p> <p>19 recently, so . . .</p> <p>20 Q. So if the heroin deaths and usage has</p> <p>21 dropped from 16 to 4 -- if 16 was the peak and</p> <p>22 it's dropped since then, would that indicate that</p> <p>23 the turnover isn't driven by the number of cases</p> <p>24 that you have that involve heroin or opioids or</p> <p>25 opiates?</p> |

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| <p style="text-align: right;">Page 226</p> <p>1 MS. FLOWERS: Object to the form. Lack 2 of foundation.</p> <p>3 THE WITNESS: Can you say that again?</p> <p>4 BY MR. ALEXANDER:</p> <p>5 Q. Sure. I think some of the information 6 we have from your documents and your office is 7 that the peak for impact on heroin in terms of 8 percentage of cases and all of that was 2016 but 9 that it went down in 2017 and has continued to 10 drop into 2018.</p> <p>11 If that's the case and the turnover has 12 gone up since 2016, would that indicate to you 13 that the turnover is not being driven by the 14 number of cases that involve heroin or opiates or 15 opioids?</p> <p>16 MS. FLOWERS: Form and foundation.</p> <p>17 THE WITNESS: I don't know that I said 18 specifically it's driven by the cases involving 19 opiates. I think it is specifically driven by 20 the stress related to the difficulty of the 21 cases, some of which are substance abuse or 22 opiate cases.</p> <p>23 I think our, you know, turnover last 24 year, we had a young group. The caseloads were 25 too high because our volume was just very high.</p> | <p style="text-align: right;">Page 228</p> <p>1 turnover? 2 A. Have we had to increase the training? 3 Is that your question? 4 Q. Have you assessed how -- so I'll take it 5 step by step. 6 A. Okay. 7 Q. When there's turnover -- 8 A. Yes. 9 Q. -- people need to be hired. They 10 need -- you need to find them, you need to hire 11 them, you need to train them, correct? 12 A. Correct. 13 Q. That takes time and money, correct? 14 A. Correct. 15 Q. And the offset sometimes is you hire 16 somebody who costs less than the old employee 17 they're replacing, right? 18 MS. FLOWERS: Objection. 19 THE WITNESS: Maybe. I don't know that 20 that's necessarily true. If they're leaving in 21 the first year, I don't know that they're costing 22 us less -- 23 BY MR. ALEXANDER: 24 Q. But -- 25 A. -- and we've invested a year in them.</p> |
| <p style="text-align: right;">Page 227</p> <p>1 You know, there's some delay in terms of your 2 cases coming in and then how you get your staff 3 trained and ready to go out on the line to do the 4 work. It's a very extensive training process. 5 So we were really understaffed in -- in 6 terms of trained staff to do the work. So when 7 you then bring in these new staff and they have 8 more cases and more complex issues than they're 9 capable of dealing with, we had a lot of turnover 10 with those young and new staff in that first 11 year. 12 Q. Have you seen any analyses or 13 assessments of, like, the financial impact or 14 burden on training to train staff because of 15 turnover that you attribute in any way to 16 opioids, opiates, or heroin? 17 A. PCSAO did some -- they produced some 18 analysis related to the workforce and the link to 19 the opiate epidemic. 20 Q. Okay. So for Summit County and the 21 turnover in Summit County Children's Services, 22 have you done or had your staff do any kind of 23 assessment about the impact, financial or 24 otherwise, of having to increase the training or 25 go through the process of hiring people given the</p> | <p style="text-align: right;">Page 229</p> <p>1 Q. But part of why you don't want your 2 turnover to be high is because of the costs 3 associated with replacing people and retraining 4 them, correct? 5 A. That's correct. Yes. 6 Q. So I know we've talked about the impact, 7 if any, of the heroin epidemic or sometimes 8 the -- called the opioid -- or opioid or opiate 9 epidemic on the turnover of the staff within 10 Summit County Children's Services. 11 So have you done any kind of assessment 12 or asked that anybody to do any assessment or 13 analysis of the impact of the increased turnover 14 rate? 15 A. I have not asked anybody to do that 16 specific analysis, no. 17 Q. Are you aware of any analyses like that 18 specific to Summit County? 19 A. Our data would have been included in the 20 state data. But specifically doing it 21 internally, no. 22 Q. Okay. If you go to the next page. It's 23 "Placement & Permanency Planning." 24 A. Yeah. 25 Q. And can you just explain placement and</p> |

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| <p style="text-align: right;">Page 230</p> <p>1 permanency planning? What is that?</p> <p>2 A. They do the placement of children. So</p> <p>3 when a child needs to be placed into -- outside</p> <p>4 of their home in some placement setting, the</p> <p>5 staff actually identify the placement for the</p> <p>6 child. They assess the child and do the</p> <p>7 placement for that -- identify the placement for</p> <p>8 that child.</p> <p>9 They also do the independent living</p> <p>10 unit. So they are working with teens who are</p> <p>11 aging out of foster care, preparing them for</p> <p>12 emancipation, basically. They will do the</p> <p>13 adoption subsidy work. They identify the amount</p> <p>14 of a subsidy for a family. They process state</p> <p>15 subsidies that come through for families who have</p> <p>16 adopted children.</p> <p>17 They do foster home support. We</p> <p>18 contract out our licensing process, but then they</p> <p>19 are assigned to the foster home support workers.</p> <p>20 And they also carry the caseloads of children who</p> <p>21 are in the permanent custody of the agency,</p> <p>22 moving towards adoption. So they will have the</p> <p>23 caseloads for those children in identifying the</p> <p>24 adoptive placement for them.</p> <p>25 They do the kinship work. We place many</p> | <p style="text-align: right;">Page 232</p> <p>1 A. Trina Danzy.</p> <p>2 Q. And is she still in her position?</p> <p>3 A. Yes, she is.</p> <p>4 Q. What about the supervisors listed here?</p> <p>5 There are, it looks like, seven supervisors</p> <p>6 listed. Are they all current?</p> <p>7 A. No, they're not. A. Irby by has retired</p> <p>8 and been replaced with another individual.</p> <p>9 C. Malpass is on a very extended medical</p> <p>10 leave, so she has been temporarily replaced.</p> <p>11 M. Dufore actually has replaced</p> <p>12 C. Malpass, so she is no longer in the</p> <p>13 independent living role right now.</p> <p>14 And I think the rest of them are --</p> <p>15 remain there.</p> <p>16 Q. Is this an area that's slated for a</p> <p>17 hiring in addition to replacing anybody who</p> <p>18 leaves?</p> <p>19 A. I don't know that we've determined what</p> <p>20 or if we would hire here. I -- I think one of</p> <p>21 the things we will have to do -- I don't know if</p> <p>22 it involves hiring or if it's just more services,</p> <p>23 but in the kinship area, we've had a tremendous</p> <p>24 increase in the number of children who are placed</p> <p>25 with relatives and nonblood kin. And the staff</p> |
| <p style="text-align: right;">Page 231</p> <p>1 children with kinship homes, which can be a blood</p> <p>2 relative or a nonblood individual who has a</p> <p>3 relationship with that child. They do</p> <p>4 assessments of all of those homes. When a</p> <p>5 kinship individual is identified for a child,</p> <p>6 there is an assessment that has to be done to</p> <p>7 approve that placement.</p> <p>8 And that's it.</p> <p>9 BY MR. ALEXANDER:</p> <p>10 Q. Thank you. That's a lot, right?</p> <p>11 A. Yeah, that's a lot.</p> <p>12 Q. So that's from short term to long term</p> <p>13 to complete adoption, correct?</p> <p>14 A. Well, I -- I don't know what you mean by</p> <p>15 "short term." They -- I mean, it -- it might be</p> <p>16 a -- they might have the case for a short term if</p> <p>17 there's an identified adoptive placement.</p> <p>18 Otherwise, they could have the case for very long</p> <p>19 term if there's not an adoptive placement and the</p> <p>20 child ends up in an independent living situation</p> <p>21 where they're emancipating from our custody.</p> <p>22 Q. The department director is described as</p> <p>23 T. Danzy?</p> <p>24 A. That's right.</p> <p>25 Q. What's the full name?</p> | <p style="text-align: right;">Page 233</p> <p>1 there are probably inadequate to handle the</p> <p>2 number of assessments that we do. So we may have</p> <p>3 to look at that area specifically.</p> <p>4 But also just in terms of supports to</p> <p>5 the kinship families, I think we have to identify</p> <p>6 some ways to help families to deal with the</p> <p>7 children that are in their homes, both from a</p> <p>8 financial resource perspective as well as a</p> <p>9 support perspective.</p> <p>10 Q. Is placement and permanency planning an</p> <p>11 area where you think you've seen increased</p> <p>12 turnover?</p> <p>13 A. It's really a pretty steady area from a</p> <p>14 turnover perspective.</p> <p>15 Q. Are -- are these the individuals who</p> <p>16 have the most contact with children?</p> <p>17 A. Not necessarily, no.</p> <p>18 Q. Who else would?</p> <p>19 A. Well, all of the -- all of the social</p> <p>20 service staff would have contact with children if</p> <p>21 they're case carrying -- in a case-carrying role.</p> <p>22 So in intake, there are staff that are</p> <p>23 in the case-carrying role. Actually, the</p> <p>24 majority of the staff in intake would be in</p> <p>25 case-carrying roles.</p> |

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| <p style="text-align: right;">Page 234</p> <p>1 In protective, they are all 2 case-carrying role -- roles in that department. 3 In this department, two of the units are 4 case-carrying roles, and then other units are 5 more of a support. Independent living is more of 6 a support. The staff who are doing subsidies are 7 not necessarily working with children. 8 The placement staff are not necessarily 9 working with the children. They're identifying 10 the placement and working with providers. 11 Q. Okay. I think we've gone over the next 12 one, Page 10, which was "Administrative & Legal 13 Services Division." 14 The last one, the last page of 15 Exhibit 1, is "Human Resources & Support -- 16 Support Services Division." 17 A. Uh-huh. 18 Q. At the department director level, are 19 these folks all still there? 20 A. Yes, they are. 21 Q. Is any of this work outward facing or is 22 this all dealing with the rest of the department? 23 A. Is it what? I'm sorry. I didn't hear 24 you. 25 Q. I used the term "outward facing." Like,</p> | <p style="text-align: right;">Page 236</p> <p>1 A. Her name is B. Kinney on the chart, but 2 I just -- I have to find her, so . . . 3 Q. Was that under social services division? 4 A. It would be in the social services 5 division, so -- 6 Q. So that should be Page 5 of the 7 document. 8 A. 5. 9 Q. Unless it's within social services 10 programs, which is Page 6. 11 A. Oh, yeah. I think that's where it is. 12 Q. Trying to help. 13 A. Yes. Thank you. It is on Page 6. 14 The Substance Abuse Intervention Unit 15 does the STARS work. The supervisor was Beth 16 Kinney. She has moved out of that role and into 17 our training and professional development role. 18 Q. Has somebody replaced her? 19 A. Yes, someone has replaced her. It is a 20 new supervisor, and I don't remember which one 21 took that unit, so . . . 22 Q. Okay. What about START? 23 A. The START program is probably going to 24 be handled in the substance abuse intervention 25 unit. That is a new grant that we have not</p> |
| <p style="text-align: right;">Page 235</p> <p>1 does it -- do any of the folks within human 2 resources and support services deal with clients? 3 A. Not so much clients. I mean, 4 professional development, they train not only our 5 staff, they train foster parents, for example. 6 They're not necessarily clients. 7 Client rights in the quality improvement 8 department could work specifically with clients 9 if they were working with them on an 10 ombudsman-type issue. 11 But, generally, this department does not 12 work with clients. They work -- they are support 13 to the agency in various roles. 14 Q. So maybe I missed it, but I didn't see 15 anything in -- in here that talked about STARS or 16 START. Are those separate responsibilities, or 17 are there just people within these areas that 18 also deal with STARS or START? 19 A. There was the -- there was a supervisor 20 who we talked about who was over the STARS 21 program. She has moved out of that role into a 22 training role. 23 Q. Which page are you on? 24 A. I'm not sure. 25 Q. We can just go by the title maybe.</p> | <p style="text-align: right;">Page 237</p> <p>1 implemented yet. 2 Q. Okay. Is there a reason that you didn't 3 have a START program in place before whenever it 4 might start, maybe in 2019? 5 A. It was -- they only took X number of 6 counties for the initial pilot. I don't remember 7 if we applied to be part of the first pilot 8 because we were in the STARS grant at the time 9 and there were many similarities to those two 10 programs. 11 So I think we opted out of actually 12 applying to be part of the START grant in the 13 first round. So when the second round became 14 available that we could apply, we did. 15 That's my recollection. 16 Q. Okay. Are there other areas of 17 responsibility that will need to get added to the 18 organization chart depicted in Exhibit 1 once 19 some of this grant money comes in and currently 20 planned programs are initiated? 21 A. The START grant, you mean? 22 Q. START or anything else. Is there 23 anything beyond START that will need to get added 24 to Exhibit 1 -- 25 A. Oh.</p> |

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| <p style="text-align: right;">Page 238</p> <p>1 Q. -- once the money comes in?</p> <p>2 A. I'm not aware of any other pending</p> <p>3 grants at this point. I mean, you know, we're</p> <p>4 always applying for grants. I don't know of</p> <p>5 anything that's outstanding at this point.</p> <p>6 Q. Okay.</p> <p>7 - - -</p> <p>8 Thereupon, Exhibit 2 was marked for</p> <p>9 purposes of identification.</p> <p>10 - - -</p> <p>11 BY MR. ALEXANDER:</p> <p>12 Q. Handing you a copy of Exhibit 2.</p> <p>13 There's also a copy for Plaintiff's counsel. The</p> <p>14 Bates number here is SUMMIT_001912538 and then it</p> <p>15 runs through 599.</p> <p>16 I think what you'll see is an e-mail</p> <p>17 with a series of attachments.</p> <p>18 A. Uh-huh.</p> <p>19 Q. In the e-mail, it says that you were the</p> <p>20 organizer. I guess that's like a calendar</p> <p>21 invitation. Is that what it was on the first</p> <p>22 page?</p> <p>23 A. I don't know what that means.</p> <p>24 Q. Where it says "Organizer" --</p> <p>25 A. Yeah.</p> | <p style="text-align: right;">Page 240</p> <p>1 A. Yes. Uh-huh.</p> <p>2 Q. And she's here, Summit County, correct?</p> <p>3 A. Correct.</p> <p>4 Q. And you've dealt with her in connection</p> <p>5 with some of the opioid or opiate initiatives</p> <p>6 over the last several years, correct?</p> <p>7 A. That's right.</p> <p>8 Q. Is that how you know her?</p> <p>9 A. Well, I know her because she's the</p> <p>10 juvenile court judge who handles all of the cases</p> <p>11 involving all of the children when we file a</p> <p>12 complaint and the court orders services or</p> <p>13 custody.</p> <p>14 Q. So you've been dealing with her as part</p> <p>15 of, essentially, regular child services that</p> <p>16 affect -- that involve going to court for a</p> <p>17 number of years?</p> <p>18 A. That's right.</p> <p>19 Q. So this is describing something called</p> <p>20 the Judicial Symposium on Addiction and Child</p> <p>21 Welfare.</p> <p>22 A. Uh-huh.</p> <p>23 Q. And if you look at this, it says that</p> <p>24 there is going to be one held on June 23rd, 2015,</p> <p>25 as the 2015 judicial symposium. That correlates</p> |
| <p style="text-align: right;">Page 239</p> <p>1 Q. -- "Location," "Start," "End" date, a</p> <p>2 "Judicial Symposium on Addiction & CW With Judge</p> <p>3 Teodosio." Do you know her?</p> <p>4 A. I do.</p> <p>5 Q. And that this would be in Dublin, Ohio,</p> <p>6 from June 23rd, 2015, for four-and-a-half hours.</p> <p>7 Do you see that?</p> <p>8 A. Uh-huh. Yes, I do. It's -- looks like</p> <p>9 a calendar invite. Judicial Symposium on</p> <p>10 Addiction with the Judge, Jerry Craig, and Becky</p> <p>11 Ryba.</p> <p>12 Q. And does this ring any bells for you at</p> <p>13 all?</p> <p>14 A. The e-mail certainly doesn't. I believe</p> <p>15 I attended the symposium, but there were a couple</p> <p>16 different ones. So this looks like this is May</p> <p>17 of 2015?</p> <p>18 Q. Yeah. Let -- let me orient you --</p> <p>19 A. Okay.</p> <p>20 Q. -- if I -- if I can.</p> <p>21 So the second page in the exhibit is a</p> <p>22 letter written by Governor Kasich and Chief</p> <p>23 Justice of the Ohio Supreme Court Maureen</p> <p>24 O'Connor, and it's addressed to Judge Teodosio.</p> <p>25 Am I saying that name right?</p> | <p style="text-align: right;">Page 241</p> <p>1 with when the invitation is that you were the</p> <p>2 organizer for.</p> <p>3 Do you see that, how that matches up?</p> <p>4 A. Yes. Uh-huh.</p> <p>5 Q. Okay. And it refers back to there had</p> <p>6 been a prior judicial symposium on opiate</p> <p>7 addiction in 2014. Do you see that?</p> <p>8 A. On this letter, yes.</p> <p>9 Q. Yeah.</p> <p>10 A. Uh-huh.</p> <p>11 Q. So it says that the prior symposium</p> <p>12 happened on June 30th, 2014, where ". . . nearly</p> <p>13 900 community leaders joined a state-wide</p> <p>14 initiative to effectively address opiate-addicted</p> <p>15 adults in the criminal justice system"</p> <p>16 Do you know if you participated or</p> <p>17 anybody from your staff participated in that 2014</p> <p>18 symposium?</p> <p>19 A. I believe I did.</p> <p>20 Q. Do you know if there was one before</p> <p>21 that?</p> <p>22 A. I don't know.</p> <p>23 Q. Did you have materials from attending</p> <p>24 the 2014 judicial symposium on opiate addiction?</p> <p>25 A. I don't remember.</p> |

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| <p style="text-align: right;">Page 242</p> <p>1 Q. Did you have any e-mails or documents 2 that you would have shared with your colleagues 3 or sent to your staff in follow-up on anything 4 you learned or discussed at that symposium?</p> <p>5 MS. FLOWERS: Objection to the form.</p> <p>6 THE WITNESS: I don't remember.</p> <p>7 BY MR. ALEXANDER:</p> <p>8 Q. What do you remember about the 2014 9 symposium?</p> <p>10 A. Well, I'm not sure if it was the '14 or 11 the '15. I know I attended one of these. It was 12 an educational forum that talked about opiate use 13 disorders.</p> <p>14 There were -- so it was really training, 15 basically, for -- specific to child welfare and 16 how it was impacting child welfare. And that's 17 my recollection.</p> <p>18 Q. So let's orient again. It describes 19 that the 2014 one focused on the criminal justice 20 system.</p> <p>21 A. Uh-huh.</p> <p>22 Q. And then it says, in the second 23 paragraph, "Child welfare and judicial systems 24 throughout Ohio continue to work with families 25 struggling due to one or both parent's</p> | <p style="text-align: right;">Page 244</p> <p>1 community leaders can assist individuals with an 2 addiction in the child welfare system by helping 3 reunify families and changing the statistics like 4 those from the attached Child Welfare Opiate 5 Engagement Project White Paper."</p> <p>6 Do you see that?</p> <p>7 A. Yes.</p> <p>8 Q. Do you remember ever seeing and reading 9 the white paper?</p> <p>10 A. I definitely was provided the white 11 paper at some point through PCSAO is my 12 recollection, yes.</p> <p>13 Q. Are -- are you pretty diligent about 14 maintaining your calendar on your e-mail that 15 says when you have an appointment, when you 16 attend a conference or a meeting?</p> <p>17 A. Yes, I am.</p> <p>18 Q. So would it be possible to check by 19 looking back and seeing if you went to 2014 or 20 2015 or both for this symposium?</p> <p>21 A. Yes. Uh-huh.</p> <p>22 Q. That -- that would still exist, right?</p> <p>23 A. Yes.</p> <p>24 Q. Okay.</p> <p>25 A. Well, I think so. I'm not sure. It</p> |
| <p style="text-align: right;">Page 243</p> <p>1 involvement with drugs and often times the 2 criminal justice system. This letter is to 3 invite you to be a team leader to bring members 4 of your community to the Ohio's -- to Ohio's 2015 5 Judicial Symposium on Addiction and Child Welfare 6 on June 23rd, 2015."</p> <p>7 Do you see that?</p> <p>8 A. Uh-huh.</p> <p>9 Q. Is that yes?</p> <p>10 A. Yes.</p> <p>11 Q. Does that refresh you at all as to 12 whether you would have gone to the one in 2014, 13 the one in 2015, or both?</p> <p>14 A. No.</p> <p>15 Q. The one in '15 is -- talks about all the 16 people involved with it: the governor's office, 17 Supreme Court of Ohio, Ohio Department of Mental 18 Health and Addiction Services, Department of Job 19 and Family Services, Ohio Association of County 20 Behavioral Health Authorities.</p> <p>21 You're familiar with those various 22 entities, correct?</p> <p>23 A. Yes.</p> <p>24 Q. "This Symposium will focus on how 25 juvenile judges, child welfare, and other</p> | <p style="text-align: right;">Page 245</p> <p>1 would -- I don't -- I would have to look at the 2 record retention schedule to see what the 3 calendars are.</p> <p>4 Q. All right.</p> <p>5 A. I definitely remember attending one of 6 these. I don't remember which year. That's kind 7 of running together for me.</p> <p>8 Q. Uh-huh.</p> <p>9 A. My recollection is the judge attended. 10 We had, you know, conversations, breakout 11 sessions where we talked. I think we had some 12 other people there. So yeah. I'm sorry. It's 13 going back a ways.</p> <p>14 Q. Just from the timing, by June of 2015, 15 based upon what you said before --</p> <p>16 A. Uh-huh.</p> <p>17 Q. -- you and your staff would have been 18 talking for at least a year about whether there 19 was an issue with heroin or opioids or opiates 20 within Summit County affecting children's 21 services, correct?</p> <p>22 MS. FLOWERS: Object --</p> <p>23 THE WITNESS: Yes.</p> <p>24 MS. FLOWERS: -- to the form.</p> <p>25 Misstatement of Ms. -- of the witness's</p> |

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| <p style="text-align: right;">Page 246</p> <p>1 testimony.</p> <p>2 BY MR. ALEXANDER:</p> <p>3 Q. I'm sorry. Did you give your answer?</p> <p>4 A. Yes. Uh-huh.</p> <p>5 Q. If you go to Page 1 of the child welfare</p> <p>6 opiate project, which is the Bates number ending</p> <p>7 in -47 in the bottom right.</p> <p>8 A. Uh-huh.</p> <p>9 Q. So this is a paper from September of</p> <p>10 2014. Do you see that at the bottom left?</p> <p>11 A. Yes. Uh-huh.</p> <p>12 Q. So do you know if would you have gotten</p> <p>13 a copy of the white paper back in 2014?</p> <p>14 MS. FLOWERS: Objection. Asked and</p> <p>15 answered.</p> <p>16 THE WITNESS: I don't know when I got</p> <p>17 it. I am assuming there's only one white paper,</p> <p>18 so I -- but I don't know when I received it. I</p> <p>19 received it, I believe, through PCSAO.</p> <p>20 BY MR. ALEXANDER:</p> <p>21 Q. So what I think you'll see is that the</p> <p>22 white paper is 12 pages.</p> <p>23 A. Uh-huh.</p> <p>24 Q. And then after that is a County Data</p> <p>25 Packet, which runs -- which is described as an</p> | <p style="text-align: right;">Page 248</p> <p>1 THE WITNESS: I don't know when I got</p> <p>2 the white paper.</p> <p>3 BY MR. ALEXANDER:</p> <p>4 Q. Well, I mean, we know that it's an</p> <p>5 attachment to this calendar entry that you</p> <p>6 created for a meeting that would have been in</p> <p>7 June of 2015. And it was forwarded to</p> <p>8 Judge Teodosio and then on to you in May of 2015,</p> <p>9 right?</p> <p>10 MS. FLOWERS: Object to the form.</p> <p>11 THE WITNESS: Okay. Yeah. So I must</p> <p>12 have had it then.</p> <p>13 BY MR. ALEXANDER:</p> <p>14 Q. If you could just go on -- on Page 1</p> <p>15 that we were on. It's Bates number ending in</p> <p>16 -47. It's going to be what you just set off to</p> <p>17 the side.</p> <p>18 A. The original?</p> <p>19 Q. Yes, ma'am. So if you just go forward a</p> <p>20 couple of pages, I think you'll get there.</p> <p>21 A. Okay.</p> <p>22 Q. When I say the Bates number, the little</p> <p>23 number at the bottom right.</p> <p>24 A. Yeah.</p> <p>25 Q. So if you --</p> |
| <p style="text-align: right;">Page 247</p> <p>1 appendix and runs another 31 pages.</p> <p>2 A. Oh, the next packet. Yeah. Uh-huh.</p> <p>3 Okay.</p> <p>4 Q. You think would you have gotten this all</p> <p>5 together at some point, but you're just not sure</p> <p>6 exactly when?</p> <p>7 A. Well, this -- this was -- this is part</p> <p>8 of the 2015, and it looks like this might have</p> <p>9 been part of the 2014, the white paper. I don't</p> <p>10 know if it's June 2015.</p> <p>11 Q. So I think what --</p> <p>12 A. I don't remember.</p> <p>13 Q. -- you'll see is that the 2014 symposium</p> <p>14 happened in June 2014.</p> <p>15 A. Okay.</p> <p>16 Q. And the white paper was created about</p> <p>17 two-and-a-half months later.</p> <p>18 A. Okay.</p> <p>19 Q. And then it's recirculated in advance of</p> <p>20 the 2015 symposium.</p> <p>21 Does that make sense?</p> <p>22 A. Yes.</p> <p>23 Q. So at any point, by June of 2015, you</p> <p>24 certainly had the white paper here, correct?</p> <p>25 MS. FLOWERS: Objection.</p> | <p style="text-align: right;">Page 249</p> <p>1 A. Which page?</p> <p>2 Q. It ends in -47.</p> <p>3 A. -47. Okay.</p> <p>4 Q. The first paragraph under "Child Welfare</p> <p>5 Opiate Engagement Project" says, "The Ohio</p> <p>6 General Assembly has adopted more than a dozen</p> <p>7 bills in response to the opiate epidemic, aiming</p> <p>8 to promote improved prescribing practices and</p> <p>9 boost community-level treatment. But, to date,</p> <p>10 the legislature has not -- has yet to address the</p> <p>11 fallout to children of opiate abusers."</p> <p>12 Do you see that?</p> <p>13 A. Yes.</p> <p>14 Q. Does that refresh you at all that even</p> <p>15 by this time, there had been attention to -- in</p> <p>16 the press and in government circles</p> <p>17 to legislation and whether they were adequate to</p> <p>18 address the impact on Children's services?</p> <p>19 MS. FLOWERS: Object to the form of the</p> <p>20 question.</p> <p>21 THE WITNESS: Well, I see that this was</p> <p>22 September 2014. So, yes, obviously, this was --</p> <p>23 discussion occurred then.</p> <p>24 BY MR. ALEXANDER:</p> <p>25 Q. And do you recall that that was</p> |

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| <p style="text-align: right;">Page 250</p> <p>1 something that you were aware of at the time as 2 part of your function of kind of staying up on 3 what's going on with the legislature and various 4 developments in the state that might affect the 5 performance of Summit County Children's Services?</p> <p>6 MS. FLOWERS: Object to the form of the 7 question. Lack of foundation.</p> <p>8 THE WITNESS: I don't -- I can't say 9 that it -- I remember the time. Obviously, this 10 makes sense that it was in September of 2014, but 11 I don't have a good recollection of the timeline.</p> <p>12 BY MR. ALEXANDER:</p> <p>13 Q. Okay.</p> <p>14 A. I -- I think, as I said earlier, we 15 certainly knew in 2014 that opiates and the 16 opiate epidemic was an issue. It was in 2015 and 17 '16 that I think the magnitude of it became 18 really real and prevalent for us.</p> <p>19 Q. The next paragraph says, "Nationally, 20 between 60 and 80 percent of substantiated child 21 abuse and neglect cases involve a parent or 22 guardian abusing substances."</p> <p>23 Do you see that?</p> <p>24 A. I do.</p> <p>25 Q. Is that consistent with your experience</p> | <p style="text-align: right;">Page 252</p> <p>1 MS. FLOWERS: Object to the form. 2 THE WITNESS: We have definitely had 3 time periods where we have seen -- I -- I 4 wouldn't say 80 percent. We've seen close to 5 70 percent.</p> <p>6 BY MR. ALEXANDER:</p> <p>7 Q. Okay. And that's not just during this 8 peak period of the heroin crisis; this is going 9 back to the time before that as well, right?</p> <p>10 MS. FLOWERS: Object to the form. 11 Misstates the testimony.</p> <p>12 THE WITNESS: No. That would be 13 specific to the time period of the opiate 14 epidemic.</p> <p>15 BY MR. ALEXANDER:</p> <p>16 Q. So, like, in 2013, what -- what 17 percentage of substantiated child abuse and 18 neglect cases involved a parent or guardian 19 abusing substances for the Summit County 20 Children's Services?</p> <p>21 MS. FLOWERS: Object to form. 22 THE WITNESS: I don't know that I know 23 '13. I know around 2012, we were seeing about 24 25 or 28 percent of our cases where case -- where 25 we had case plan with a parent who had a</p> |
| <p style="text-align: right;">Page 251</p> <p>1 in Summit County or is that higher or lower?</p> <p>2 MS. FLOWERS: Objection.</p> <p>3 THE WITNESS: Our -- I mean, it depends 4 on when they ran this data. Our data has also 5 depended on when you ran it and how you ran it. 6 So I don't know where this data's from.</p> <p>7 We certainly have had time periods and 8 places where we had pulled substance abuse issues 9 being in that range, yes, but I can't speak 10 specifically to the substantiated child abuse and 11 neglect. I don't know where they're getting that 12 from.</p> <p>13 BY MR. ALEXANDER:</p> <p>14 Q. For what it's worth, these 15 are Citations 1 and 2. If you flip forward nine 16 pages, you'll see one's published in 2007, one's 17 published in 2012 from an organization called 18 NADCP.</p> <p>19 A. Yeah.</p> <p>20 Q. So back to -- my question is: For 21 Summit County, is your experience that 60 to 80 22 percent of child abuse and neglect cases involve 23 a parent or guardian abusing substances at any 24 time, including in these time periods well before 25 the heroin or opiate crisis?</p> | <p style="text-align: right;">Page 253</p> <p>1 substance abuse issue. And that was as high as 2 67 and 68 percent when we were looking at '15 and 3 '16.</p> <p>4 BY MR. ALEXANDER:</p> <p>5 Q. And to what did you attribute that 6 increase over time?</p> <p>7 A. The opiate epidemic.</p> <p>8 Q. So the additional 40-whatever percent 9 of -- was -- of cases with substantiated child 10 abuse or neglect, those were all in people who 11 were abusing heroin or other opiates?</p> <p>12 MS. FLOWERS: Object to the form of the 13 question.</p> <p>14 THE WITNESS: I don't know that I know 15 specifically what the drugs were. I know that 16 the -- there's clearly a correlation between what 17 we were seeing with overdoses in the community, 18 with deaths in the community, with what the staff 19 were reporting, what they were seeing around 20 their clients using opiates -- opioids of some 21 kind, and a correlation with that and the number 22 of substance abuse cases.</p> <p>23 So the timing was what mirrored what we 24 were seeing in the community, what we were seeing 25 at the state, what data there was from every</p> |

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| <p style="text-align: right;">Page 254</p> <p>1 other provider in the community. So there was 2 certainly a correlation between the opiate 3 epidemic and what we were seeing in terms of the 4 increase in custody and substance abuse.</p> <p>5 BY MR. ALEXANDER:</p> <p>6 Q. Those two data points that you gave, 7 2012 and 2016, '17, in terms of the percentage of 8 Summit County substantiated child abuse and 9 neglect cases involving opiates, where did that 10 analysis come from? Is that something you asked 11 be generated? Did you see that somewhere else?</p> <p>12 MS. FLOWERS: Object to the form.</p> <p>13 THE WITNESS: That would have been 14 something I asked from our data analysts, so yes.</p> <p>15 BY MR. ALEXANDER:</p> <p>16 Q. From whom in particular?</p> <p>17 A. Kevin Brown.</p> <p>18 Q. And when did you get that data?</p> <p>19 A. It was -- you know, he produced some 20 data in both '15 and in '16. And I -- I just 21 want to be clear, this is really still a 22 different measure where they're saying 23 substantiated child abuse.</p> <p>24 And my understanding is what Kevin 25 produced was families who were on a case plan who</p> | <p style="text-align: right;">Page 256</p> <p>1 Q. But the one that you have, why did you 2 ask for it?</p> <p>3 A. Because I wanted to know what percentage 4 of families had substance abuse issues.</p> <p>5 Q. Was that part of a budgeting process, 6 part of preparing for a press interview, or is it 7 for some other purpose?</p> <p>8 A. It was just, really, part of, I think, 9 the fact that we knew we had a problem. We had 10 more and more children coming into custody. Our 11 numbers of children in custody increased 12 substantially by, you know, a couple hundred 13 children in a -- or a hundred children in one 14 year.</p> <p>15 So, you know, we knew that we had an 16 issue. We knew it was related to addiction 17 issues, substance use issues. And we were really 18 trying to just get a handle at that point on 19 what's the percentage of families that we're 20 working with that have substance use disorders.</p> <p>21 So, yeah, that's -- for budgeting, for 22 programming, for reporting to our board, for 23 reporting to the community, for knowledge.</p> <p>24 Q. And so when you said it was -- did you 25 say 60 percent or 70 percent?</p> |
| <p style="text-align: right;">Page 255</p> <p>1 had substance abuse issues. And those numbers 2 were in the 60 to 70 percent range.</p> <p>3 Now, so that could be families that -- 4 that we have custody of. It could be families 5 that someone else, a grandparent or another 6 kinship -- a relative person has custody of. It 7 could be a substantiated, it could be an 8 indicated, or it could be a dependent child. So 9 it isn't necessarily the same measure that you're 10 talking about here.</p> <p>11 Q. But you're talking about an 12 apples-to-apples comparison from 2012 until --</p> <p>13 A. Yes.</p> <p>14 Q. -- when you asked for it for a later 15 time period?</p> <p>16 MS. FLOWERS: Objection.</p> <p>17 THE WITNESS: I'm talking about my 18 comparison that Kevin did being apples to apples 19 but not apples to -- these are oranges here.</p> <p>20 BY MR. ALEXANDER:</p> <p>21 Q. Okay.</p> <p>22 A. This is not the same comparison that we 23 have.</p> <p>24 Q. I -- I --</p> <p>25 A. It's the only one have.</p> | <p style="text-align: right;">Page 257</p> <p>1 A. It was between 60 and 70 on the two 2 different times that he ran it. He ran it in 3 '15, and it was, again, just under 70 percent, 4 compared to 2012 where it was just under 5 30 percent.</p> <p>6 He ran it again for some time period in 7 2016, and it was slightly different, but still in 8 the close-to-70 percent range.</p> <p>9 Q. And that's not percentage of cases with 10 substance abuse; that's percentage of all cases?</p> <p>11 A. That was percentage of all cases where a 12 parent on the case plan had a substance use 13 disorder listed as part of the reunification 14 plan.</p> <p>15 Q. So what about the percentage of cases 16 where there was substance abuse or no substance 17 abuse? What was the percentage of cases with 18 child abuse or neglect where there was a 19 documented substance abuse involving opiates?</p> <p>20 MS. FLOWERS: Object to the form.</p> <p>21 BY MR. ALEXANDER:</p> <p>22 Q. Did you ever calculate that?</p> <p>23 A. Well, we calculated that a bunch of 24 different ways in different years. So, yes, we 25 did do calculations on what we knew we could</p> |

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| <p style="text-align: right;">Page 258</p> <p>1 pull, which was where our problem was in terms of 2 the data because, you know, you have to be 3 consistent in what you pull so you know you're 4 having a good comparison of apples to apples from 5 year to year. So, you know, we would come up 6 with numbers.</p> <p>7 As I said earlier, I think Sharon did -- 8 Sharon Geffken did a hand count where she looked 9 at it and came up with something in the 10 40 percent range for opioid use, but that was 11 because she hand counted it out of each 12 individual case. So that's really not feasible. 13 So you really have to find some field in SACWIS 14 where you can pull the substance -- type of 15 substance.</p> <p>16 I -- I believe what we've tried to do to 17 look at it consistently is to look at that in a 18 field that we've called -- they call it person 19 characteristics. The person characteristics 20 field has a place where the staff could put in 21 the type of substance used, and then we would use 22 that consistently so we could get a comparison 23 from year to year.</p> <p>24 Q. Okay. When you did try to estimate the 25 percentage of substantiated child abuse and</p> | <p style="text-align: right;">Page 260</p> <p>1 a -- essentially, a driver of the need to consume 2 children's services, what was the best estimate 3 that you could come up with?</p> <p>4 A. Well, it varied from year to year. So 5 it -- it varied everywhere from, you know, 6 20 percent to 30 or 40 percent when Sharon did it 7 as a hand count. So it would -- it -- it was not 8 the same year to year. It was in some range of 9 20 to 40 percent.</p> <p>10 Q. Okay. Why don't we go back to the 11 document Exhibit 2. The fourth paragraph says, 12 "Among the nearly 86,000 cases entering Ohio's 13 child welfare system annually, families dealing 14 with opiate and/or cocaine abuse, including crack 15 abuse, consumed the most resources."</p> <p>16 Is that consistent with your experience 17 at this time period?</p> <p>18 MS. FLOWERS: Object to the form.</p> <p>19 THE WITNESS: Well, I would say it's 20 consistent that we believe they do consume a 21 higher level of need and, therefore, resources, 22 yes.</p> <p>23 BY MR. ALEXANDER:</p> <p>24 Q. So after the two bullets, it says, 25 "Child welfare cases involving parents abusing</p> |
| <p style="text-align: right;">Page 259</p> <p>1 neglect cases that involved a parent abusing, 2 specifically an opiate, including heroin or one 3 of the other illegal ones, is that where you came 4 up with the 27 percent figure?</p> <p>5 MS. FLOWERS: Object to the form.</p> <p>6 THE WITNESS: The 27 percent? What --</p> <p>7 BY MR. ALEXANDER:</p> <p>8 Q. The estimate that 27 percent of those 9 cases involved opiate abuse. 20 percent of all 10 cases with confirmed abuse or neglect.</p> <p>11 A. Yeah. I don't -- I don't know we're 12 talking about -- I don't understand because I 13 don't feel like we're talking about the same 14 thing.</p> <p>15 And -- and I -- I want to clarify again 16 that the data that I just talked about was not 17 based on substantiated child and abuse -- neglect 18 cases. So I don't know where they pulled this 19 from, so . . .</p> <p>20 Q. Let me ask this way: The -- when you -- 21 your staff went to figure out what percent of all 22 cases had a confirmed opiate abuse, not the 23 percentage of ones with confirmed substance abuse 24 that were opiate, but percent of all the cases 25 where there was opiate use or opiate abuse as</p> | <p style="text-align: right;">Page 261</p> <p>1 heroin, cocaine or both have risen from about 2 15 percent to more than 25 percent of the 3 caseload during the past -- the last five years, 4 with heroin cases growing faster than cocaine 5 during the last three years."</p> <p>6 Do you see that?</p> <p>7 A. I do.</p> <p>8 Q. Was that consistent with your experience 9 at this time?</p> <p>10 MS. FLOWERS: Object to the form.</p> <p>11 THE WITNESS: I -- I don't know.</p> <p>12 BY MR. ALEXANDER:</p> <p>13 Q. Do you know any part of it?</p> <p>14 MS. FLOWERS: Object to the form.</p> <p>15 THE WITNESS: I -- I would say from our 16 experience, the heroin cases were growing faster, 17 certainly, than cocaine in the last five years.</p> <p>18 That -- that would be accurate to say.</p> <p>19 BY MR. ALEXANDER:</p> <p>20 Q. Had -- had cocaine, essentially, gone 21 away as a driver of children's services in terms 22 of parents being abused -- parents abusing 23 cocaine?</p> <p>24 MS. FLOWERS: Object to the form.</p> <p>25 THE WITNESS: Cocaine's never gone away.</p> |

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| <p style="text-align: right;">Page 262</p> <p>1 It's always been there and been a -- a factor. 2 It -- it wasn't growing -- from my recollection, 3 it certainly wasn't growing as heroin was. 4 BY MR. ALEXANDER: 5 Q. So the next sentence says, "Another 6 troublesome trend: 70 percent of children age 1 7 or younger placed in Ohio's foster system are 8 children of parents with substance use disorders 9 involving opiates and cocaine."</p> <p>10 Do you see that?</p> <p>11 A. I do.</p> <p>12 Q. And I'm not asking about the specific 13 number, but was that also consistent with your 14 experience?</p> <p>15 A. I -- I don't know about the percentage, 16 but I would say it is consistent with our 17 experience that younger children were being 18 placed at a higher rate due to heroin and 19 opiates.</p> <p>20 Q. It goes on to describe the impact -- 21 lasting impact, potentially, on children who are 22 exposed to these issues. Do you see that?</p> <p>23 A. I do.</p> <p>24 Q. Then it says, "This epidemic has one 25 more issue calling for urgent action. Due to the</p> | <p style="text-align: right;">Page 264</p> <p>1 this surprising to you, the scope of what was 2 being highlighted in terms of potential effects? 3 MS. FLOWERS: Object to the form. 4 THE WITNESS: No. This isn't surprising 5 to me.</p> <p>6 BY MR. ALEXANDER:</p> <p>7 Q. Okay. Was this surprising to you in 8 terms of the -- how big a problem it was 9 describing?</p> <p>10 A. No, it's not surprising to me. I mean, 11 as I said, I think we -- we knew we had a 12 problem, so . . .</p> <p>13 Q. If you -- if you go to the next page, 14 it's the start of a -- five pages of best 15 practices.</p> <p>16 A. Okay.</p> <p>17 Q. And would you have read these best 18 practices back in 2004 -- I'm sorry -- 2014, 19 2015?</p> <p>20 A. I've -- I've definitely read this 21 document, yes. So I don't know when I read it, 22 but I've read this document.</p> <p>23 Q. Did you push to have initiated any 24 changes in Summit County Children's Services' 25 practices as a response to this listing of best</p> |
| <p style="text-align: right;">Page 263</p> <p>1 negative impacts of temporary care on children, 2 when a child welfare agency removes a child from 3 a home, the agency must abide by the time limits 4 imposed in the 1998 Adoption and Safe Families 5 Act."</p> <p>6 Do you see that?</p> <p>7 A. I do.</p> <p>8 Q. Do you know what that act Requires?</p> <p>9 A. It requires us to reunify the child 10 within the time limits of the 15 to 22 months.</p> <p>11 Q. And did your staff abide by that?</p> <p>12 A. Well, I mean, that's -- we certainly 13 make our -- every effort to reunify in that time 14 frame, but we're not completely in control of all 15 of those decisions that are involved -- the court 16 makes the decision on when a child is reunified.</p> <p>17 Q. At the end it says, "Currently, more 18 than 25 percent of foster placements involving 19 children of opiate- and/or cocaine-dependent 20 parents last 15 or more months, pushing against 21 the time limits."</p> <p>22 So the -- just on this page, this 23 description of impacts on child welfare from 24 issues of addiction to heroin, cocaine, and, I 25 guess, undifferentiated opiates, was this -- was</p> | <p style="text-align: right;">Page 265</p> <p>1 practices in Exhibit 2?</p> <p>2 A. We -- we made a lot of changes, of 3 course. I mean, I think some of the best 4 practices that are mentioned here are related to 5 court. We do have a court -- there are actually, 6 in Summit County, a number of different types of 7 drug courts in all of the courts. But in our 8 juvenile court, there was a family reunification 9 recovery court.</p> <p>10 We did participate in that initiative 11 with the court, a specialized docket for our -- 12 our clients who were assessed to have substance 13 use disorders of any kind.</p> <p>14 They were serviced in our agency by a 15 specific unit of staff. The substance abuse 16 intervention unit would service those cases that 17 were handled through the family reunification 18 through recovery court. So we have participated 19 extensively in that program.</p> <p>20 We have --</p> <p>21 Q. Can I just stop you there for a 22 second --</p> <p>23 A. Sure.</p> <p>24 Q. -- because I want to make sure we're 25 talking about the same time frame.</p> |

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| <p style="text-align: right;">Page 266</p> <p>1 A. Okay. 2 Q. So if you can -- 3 A. Uh-huh. 4 Q. -- back in 2014, did you initiate any 5 changes in practices as a result of the best 6 practices in Exhibit 2? 7 MS. FLOWERS: Object to the form. 8 THE WITNESS: I don't know that I can 9 say that anything is specifically as a result of 10 this white paper. We've initiated changes on a 11 regular basis. So I -- I don't see anything here 12 that we either weren't already doing or planning, 13 so . . . 14 BY MR. ALEXANDER: 15 Q. Same thing for 2015. Were there any 16 changes that were made in 2015 as a result of 17 anything in Exhibit 2? 18 A. I don't know. Again, as a result of 19 this exhibit, I can't say that, no. 20 Q. Same answer for 2016? 21 A. Yeah. 22 Q. And the changes that you were talking 23 about that have been made in terms of -- 24 obviously, START hasn't even started yet, but the 25 stuff that you identified in terms of court</p> | <p style="text-align: right;">Page 268</p> <p>1 Q. I said, "-53, ma'am." It probably 2 confused you. 3 A. Sorry. I didn't hear you. 4 Okay. Yes. I'm -- I'm there. 5 Q. I'll just read it. Under "Summary and 6 Recommendations," it says, "Ohio's opiate 7 epidemic is of such grave concern that during the 8 first 100 days in office, Governor Kasich created 9 a Cabinet-level Opiate Task Force. Since that 10 time, new policies, investments and initiatives 11 have begun. These include," and then it's a -- 12 there are five bullets, all talking about 13 funding. 14 Do you see that? 15 A. I do. 16 Q. Did you guys get any additional funding 17 as a result of any of this? 18 MS. FLOWERS: Object to the form. 19 THE WITNESS: I'm unaware of any of this 20 funding -- these funding sources going directly 21 to any children's services agency or to us, so 22 no. 23 BY MR. ALEXANDER: 24 Q. Specifically for Summit County, the -- 25 the five bullets here are talking about increased</p> |
| <p style="text-align: right;">Page 267</p> <p>1 programs, have those all been 2017 and later? 2 MS. FLOWERS: Object to the form. 3 THE WITNESS: The family reunification 4 through recovery court program started probably 5 in 2013. 6 BY MR. ALEXANDER: 7 Q. So before this? 8 A. Before this. 9 Q. So it didn't result in changes after 10 this? 11 A. I said no, I think. 12 Q. Okay. So do you -- all right. 13 If you go to the next page, Page 7, 14 "Summary and Recommendations," there's a -- a 15 bullet list about -- 16 A. I'm not sure I'm on the right page. 17 That -- Page 7? 18 Q. At the top it will say "Summary and 19 Recommendations." 20 A. Okay. 21 Q. It will be Page 7. The Bates number 22 ends in -53, ma'am. 23 A. -53? 24 Q. -53. 25 A. -53.</p> | <p style="text-align: right;">Page 269</p> <p>1 funding to address what's described here as 2 opiate epidemic in Ohio didn't result, as far as 3 you know, in an additional dollar coming to 4 Summit County Children's Services, correct? 5 MS. FLOWERS: Object to the form. Lack 6 of foundation. 7 THE WITNESS: I -- I don't believe so. 8 BY MR. ALEXANDER: 9 Q. Would you have liked to have gotten some 10 money -- 11 MS. FLOWERS: Object. 12 BY MR. ALEXANDER: 13 Q. -- as part of these initiatives, some 14 increased funding? 15 A. Well, certainly. Again, I just -- I 16 don't -- like medication-assisted treatment, for 17 example, we don't provide that. So I'm assuming 18 that money would have gone to mental health 19 boards, which ultimately might have had a 20 positive impact for our clients. But that 21 initiative wouldn't run through our agency. 22 It looks like money went to hospitals. 23 So, you know, this money didn't go to children's 24 service agencies. But, yes, I would love to have 25 had any money they would have given me, so . . .</p> |

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| <p style="text-align: right;">Page 270</p> <p>1 Q. Right. In the discussion of increased 2 money being spent, and I guess it was touted at 3 this time back in 2014 in terms of what the state 4 was doing --</p> <p>5 A. Uh-huh.</p> <p>6 Q. -- whatever money was being spent, none 7 of it was coming to you?</p> <p>8 MS. FLOWERS: Object to the form.</p> <p>9 THE WITNESS: None of this money here 10 came to us, to my knowledge.</p> <p>11 BY MR. ALEXANDER:</p> <p>12 Q. Well, none of the funding that came out 13 of this task force came to you at all, whether 14 it's described in these five bullets or not?</p> <p>15 MS. FLOWERS: Object to the form.</p> <p>16 THE WITNESS: Not directly, so . . . 17 You know, maybe indirectly, but I -- I guess I 18 don't know that I know that, so I can't speak to 19 it.</p> <p>20 I -- you know, there have been 21 initiatives here and there where we've got 22 support through our mental health board that may 23 have been money that came from this, but I -- I 24 don't have any connection to where the money 25 comes from.</p> | <p style="text-align: right;">Page 272</p> <p>1 organizations in the community are able to 2 provide to our clients who are suffering from an 3 addiction would benefit our agency and our 4 clients, absolutely.</p> <p>5 Q. So what's after this is kind of a recap 6 of the best practices --</p> <p>7 A. Okay.</p> <p>8 Q. -- that we've gone over, right? There 9 are five they list here. We've gone over whether 10 you initiated any changes as a result of any of 11 this, correct?</p> <p>12 A. That's right. Uh-huh.</p> <p>13 Q. From your perspective, was there more 14 that could have been done on a statewide level, 15 either by funding or other programs back starting 16 in 2014 to alleviate or minimize the impact of 17 heroin and opiate abuse on Summit County 18 Children's Services --</p> <p>19 MS. FLOWERS: Objection to the form.</p> <p>20 BY MR. ALEXANDER:</p> <p>21 Q. -- your clients?</p> <p>22 A. Well, I -- I certainly think our funding 23 has been an issue and was an issue and continues 24 to be an issue from the state level. So I would 25 like to have seen the state respond more in terms</p> |
| <p style="text-align: right;">Page 271</p> <p>1 BY MR. ALEXANDER:</p> <p>2 Q. So the last bullet talks about something 3 called a MOMS program, Maternal Opiate Medical 4 Support Project --</p> <p>5 A. Uh-huh.</p> <p>6 Q. -- which is money in hospitals in 7 connection, I believe, with delivery of children 8 and, like, additional treatment provided for the 9 mother who is addicted to some drug at the time 10 of delivery.</p> <p>11 Is that your understanding of the MOMS 12 program?</p> <p>13 MS. FLOWERS: Object to the form.</p> <p>14 THE WITNESS: Yes. I mean, I -- I 15 think, perhaps, it is not only at time of 16 delivery but to help mothers who have addiction 17 when they're pregnant as well, so yeah.</p> <p>18 BY MR. ALEXANDER:</p> <p>19 Q. And does that inure to your department's 20 benefit at all, that kind of money, or -- meaning 21 that you don't have to spend money on treating 22 mothers with addiction?</p> <p>23 A. I believe Summit County has a MOMS 24 program. I don't know if they receive this money 25 or not. But, certainly, any services that other</p> | <p style="text-align: right;">Page 273</p> <p>1 of our state funding allocation.</p> <p>2 Q. And what about the federal government 3 side? Do you wish there would have been more 4 done on the federal government side back in this 5 time period to help?</p> <p>6 A. We don't -- I mean, our federal funding 7 is -- doesn't necessarily work that way, so we 8 don't get an allocation specifically for 9 something like this or services. It's really 10 more of a reimbursement primarily for the 11 placement of children and the administrative 12 costs. So that's the only federal funding that 13 we have ever received other than a grant 14 specifically that we applied for.</p> <p>15 ---</p> <p>16 Thereupon, Exhibit 3 was marked for 17 purposes of identification.</p> <p>18 ---</p> <p>19 BY MR. ALEXANDER:</p> <p>20 Q. Okay. I've marked an e-mail chain as 21 Exhibit 3, and there's a copy for plaintiffs' 22 counsel. It's SUMMIT_001911402 to -403. There's 23 an attachment to it that is not consecutively 24 numbered, but it's actually part of it, is the 25 way these documents are structured.</p> |

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| <p style="text-align: right;">Page 274</p> <p>1 If I can hand that to you to put with 2 it. That too. Let me give you -- if you don't 3 mind -- I'm sorry. I just have to give you 4 that --</p> <p>5 A. Okay. Uh-huh.</p> <p>6 Q. -- so that those going together.</p> <p>7 A. All right.</p> <p>8 Q. Do you see your name on the top of the 9 e-mail September 15th, 2017, sent to Katerina 10 Papas?</p> <p>11 A. Yes, I do.</p> <p>12 Q. Okay. And do you recall the attachments 13 to this e-mail?</p> <p>14 A. "The attachments" meaning the letter to 15 the president?</p> <p>16 Q. Yeah. And then there's a -- so 17 there's a -- there's a short version of a letter.</p> <p>18 A. Okay. Uh-huh.</p> <p>19 Q. And then there's a long version where 20 your name is ended at the end --</p> <p>21 A. Yes.</p> <p>22 Q. -- your name is added with a whole bunch 23 of other folks.</p> <p>24 A. I see that, yes.</p> <p>25 Q. It looks like the letter is pretty much</p> | <p style="text-align: right;">Page 276</p> <p>1 Yes, that's it.</p> <p>2 Q. You were close.</p> <p>3 So at the bottom of this, it says, "I 4 will submit the letter with all authorized 5 signatures, and will also post the letter on the 6 Opiate Task Force Website." And it gives a -- a 7 website address for that.</p> <p>8 Do you see that?</p> <p>9 A. I do.</p> <p>10 Q. And by this time, were you participating 11 in the Opiate Task Force?</p> <p>12 A. I always -- I -- I don't generally go to 13 the Opiate Task Force meetings. I've been to 14 probably a few. But I am always aware of what 15 they're doing. I get their e-mails. I get their 16 newsletter, stuff like that, so yes.</p> <p>17 Q. And do you maintain those documents as 18 part of your business records?</p> <p>19 A. Not necessarily unless I need them for 20 something.</p> <p>21 Q. But are you participating with the task 22 force in an official capacity or personal 23 capacity?</p> <p>24 A. I don't really participate in the task 25 force. I don't regularly attend those meetings.</p> |
| <p style="text-align: right;">Page 275</p> <p>1 the same, though.</p> <p>2 A. Yes.</p> <p>3 Q. So your letter to Ms. Papas asks her "Do 4 you see any reason I could not sign this on 5 behalf of the agency. If I thought it was at all 6 controversial, I would want board approval, but I 7 cannot imagine the board would not agree. What 8 do you think?"</p> <p>9 Do you see that?</p> <p>10 A. I do.</p> <p>11 Q. Do you know what her response was?</p> <p>12 A. Well, obviously, that's not here, but I 13 believe she agreed with me that this was an 14 appropriate thing to sign and did not need board 15 approval because I don't believe we did take that 16 to the board, is my recollection.</p> <p>17 Q. And at the bottom of the cover e-mail 18 from Darlene Migas of ADM board -- that's the 19 Alcohol, Drug Addiction & Mental Health Services 20 Board of Summit County.</p> <p>21 Do you see that?</p> <p>22 A. I do.</p> <p>23 Q. We were talking about that acronym 24 earlier, right?</p> <p>25 A. Right. And I couldn't come up with it.</p> | <p style="text-align: right;">Page 277</p> <p>1 Q. When you've gone to the meetings or when 2 you get stuff sent to you, is it because you are 3 the executive director of Summit County 4 Children's Services or because of a personal 5 interest outside of your work position?</p> <p>6 A. It's because of my role as the executive 7 director of Summit County Children's Services.</p> <p>8 Q. So I -- I won't belabor it, but what --</p> <p>9 what was the gist, from your perspective, of what 10 you wanted the federal government to do here in 11 September of 2017 to help alleviate the effects 12 of what's described as the opiate epidemic?</p> <p>13 MS. FLOWERS: Object to the form.</p> <p>14 THE WITNESS: Well, according to the 15 letter, we were asking that they would -- the 16 president would declare a public health emergency 17 with the goal, ultimately, of having some funds 18 to help with the opiate epidemic.</p> <p>19 BY MR. ALEXANDER:</p> <p>20 Q. And we talked about how you had been 21 aware for a while that, from your perspective, 22 the state funding for Summit County Children's 23 Services was not sufficient from your 24 perspective, and that you thought that increased 25 funding would have been helpful to address the</p> |

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| <p style="text-align: right;">Page 278</p> <p>1 impact of heroin abuse and other aspects of 2 what's been described as the opiate epidemic. Do 3 you remember that?</p> <p>4 A. Yes.</p> <p>5 MS. FLOWERS: Objection.</p> <p>6 THE WITNESS: Uh-huh.</p> <p>7 BY MR. ALEXANDER:</p> <p>8 Q. Did you have a similar view about 9 federal government funding or involvement, that 10 more could have been done before September of 11 2017 to help nip this in the bud or limit the 12 effects on the children that were your clients?</p> <p>13 A. Generally, I would say yes. But I -- 14 you know, I'm probably not the right person to 15 ask that because we don't -- this funding doesn't 16 come through us. So, you know, I was really much 17 more focused on our state funding, and that had a 18 direct impact on us.</p> <p>19 My involvement when the -- with this 20 would be more from a community perspective around 21 making sure that those services that clients need 22 are available in the community, so . . .</p> <p>23 Q. So I'm asking about your perspective 24 because, you know, we know what your position is, 25 we have some documents from you that you have</p> | <p style="text-align: right;">Page 280</p> <p>1 although we, again, don't necessarily get federal 2 money. I think this -- this is a good example. 3 They -- eventually, there was some money 4 for the Cures Act, is my understanding --</p> <p>5 Q. For --</p> <p>6 A. -- that went to the mental health 7 boards.</p> <p>8 Q. Did you say Cares Act?</p> <p>9 A. Cures.</p> <p>10 Q. Cures Act.</p> <p>11 A. Uh-huh.</p> <p>12 Q. When did you start getting that money?</p> <p>13 A. We didn't. I -- I -- I believe that 14 went to mental health boards.</p> <p>15 Q. Has there been any increase in funding 16 that's focused on addressing effects of heroin 17 abuse or opiate abuse that's come from federal 18 sources that you've actually received since you 19 became executive director?</p> <p>20 A. Not -- not to our agency, no.</p> <p>21 Q. What about more generally in terms of 22 funding that's focused on addressing substance 23 abuse? Has there been any new money that's come 24 to your agency at all since you became executive 25 director in 2013?</p> |
| <p style="text-align: right;">Page 279</p> <p>1 a -- kind of a role in this because the entity 2 that you oversee is part of what the plaintiffs 3 in this case are seeking damages for.</p> <p>4 So I'm -- I'm asking you, from your 5 perspective, whether this was your job or not. 6 What is it you think the federal government 7 should have been doing more in terms of funding 8 or other initiatives to help make things better 9 for the children you believe were affected by 10 heroin abuse and other aspects of the opioid or 11 opiate epidemic?</p> <p>12 MS. FLOWERS: Object to the form.</p> <p>13 THE WITNESS: I think they needed to do 14 more and provide more funding to get the right 15 services out there, to fund the appropriate 16 organizations adequately. Yes, I think they 17 needed to do more as well.</p> <p>18 BY MR. ALEXANDER:</p> <p>19 Q. What do you mean "fund the appropriate 20 organizations" or fund them appropriately?</p> <p>21 A. Whether that would be through Health & 22 Human Services, through those organizations that 23 would through push funding down to the states. 24 Whether that be through mental health boards, 25 through the Office of Children and Families,</p> | <p style="text-align: right;">Page 281</p> <p>1 MS. FLOWERS: Object to the form.</p> <p>2 THE WITNESS: Not specifically unless it 3 was a grant, you know. So, for example, the 4 START grant that we applied for, we'll get some 5 money for that. The STARS grant was a federal 6 grant that was already in place, as you know. 7 So, no, I'm not aware of anything.</p> <p>8 BY MR. ALEXANDER:</p> <p>9 Q. Okay. Do you wish there had been?</p> <p>10 A. Sure. Yes.</p> <p>11 Q. Is there something in particular other 12 than just more money would have been better to 13 hire more staff and do more training and have 14 more programs?</p> <p>15 A. There's a whole lot of things that I 16 would be able to use money for if I had 17 additional money. Yeah.</p> <p>18 Q. Have you committed that list, kind of 19 the wish list of what would help, to writing?</p> <p>20 A. Sure. Not to writing, no, but I've got 21 it.</p> <p>22 Q. You have it in your head?</p> <p>23 A. Uh-huh.</p> <p>24 Q. I don't know if it would take the rest 25 of our time, but can you give me your wish list?</p> |

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| <p style="text-align: right;">Page 282</p> <p>1 A. Well, I could give you the short one. 2 Q. Sure. Right. 3 A. But, you know, I think, you know, we 4 need additional funds, obviously, to staff 5 appropriately. Our cases are too complex for the 6 caseloads that we currently have, so staffing 7 would be probably first and foremost. 8 But I also think we need to have more 9 foster homes, so we would need more money for 10 recruitment, which is very, very costly. 11 We would need additional dollars to 12 really support our staff internally. I would 13 love to have a clinical person on staff that they 14 could talk to about their case, to staff their 15 cases. I would also like someone to deal with 16 their secondary trauma issues in-house. I think 17 that would be very helpful if they had someone 18 that they could process those things with outside 19 of our EOP program, which is not sufficient. 20 Some additional training for them. 21 But, really, a lot of resources for our 22 clients would be very, very helpful. We have a 23 significant number of families who are placed 24 with the kinship, relatives or nonblood-related 25 people. Those people struggle very much with the</p> | <p style="text-align: right;">Page 284</p> <p>1 I think that the sooner we can address 2 the childhood trauma for children, the better off 3 we're going to be because that is a long-term 4 issue for those children. It's a long-term 5 resource issue that is an unknown factor at this 6 point. 7 So that's a few. 8 Q. Is that the short list? 9 A. That's the short list. 10 Q. Have you proposed that to anybody of 11 saying, "Here are the things I would like"? 12 A. No, not particularly. I mean, there are 13 certain pieces of that that I have proposed and 14 had discussions with my board, but not all of 15 those because I think that they are not a 16 reality; at least, they have not been. So I 17 think, you know, now that we have our levy 18 passed, we will look at, you know, pieces and 19 parts of that and what are the most critical. 20 I certainly could not afford to do all 21 of those with the levy increase that we have, but 22 I think that we will try to implement a few 23 things, particularly the resources for kinship 24 families, because I think that's very critical, 25 and really looking at our recruitment of foster</p> |
| <p style="text-align: right;">Page 283</p> <p>1 resources to take care of children. Child care 2 is a very substantial issue for them. They don't 3 have enough money when they take a child into 4 their home to pay the child care costs that go 5 along with that. We pay a lot of that for them, 6 but that is limited to some extent on how much of 7 that we can do. 8 So I would love to see some additional 9 support. I would love to have staff who really 10 are focused very much on the kinship family and 11 they're able to be a support person attached to 12 every kinship provider, but we do not have 13 resources to do that and have not been able to 14 provide that service. 15 I have -- I would love to have a trauma 16 expert on staff. I guess that would be probably 17 another one. Our children are very, very 18 traumatized by removal from the home, some of the 19 things they've seen in the home. We know that 20 childhood trauma has a very, very long-term, 21 negative impact on children. And I am extremely 22 worried about what we don't know yet about what's 23 going to happen with the children who have been 24 traumatized by what's happened to them in their 25 homes.</p> | <p style="text-align: right;">Page 285</p> <p>1 homes and increasing the staff to some extent. 2 Q. Do you have a price tag for any or all 3 of those measures? 4 MS. FLOWERS: Object to the form. 5 BY MR. ALEXANDER: 6 Q. How much it would cost to do them? 7 A. Oh. 8 MS. FLOWERS: Same objection. 9 THE WITNESS: I -- I have not done a 10 financial analysis on how much each of those 11 things would cost, so no. 12 - - - 13 Thereupon, Exhibit 4 was marked for 14 purposes of identification. 15 - - - 16 BY MR. ALEXANDER: 17 Q. Okay. I think this will not take long. 18 I have Exhibit 4 for you, which is a two-page 19 e-mail, SUMMIT_001911463 through -464. And 20 there's a copy for plaintiffs' counsel. 21 And if we -- we start at the back of 22 this, the e-mail chain starts July 5th, 2017. 23 A. Okay. 24 Q. So, essentially, two months before the 25 one we were just looking at that was the letter</p> |

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| <p style="text-align: right;">Page 286</p> <p>1 to President Trump. 2 A. Okay. 3 Q. Do you see that? 4 A. Uh-huh. 5 Q. Okay. And the subject is an "Opioid 6 Survey." Do you see that? 7 A. I do. 8 Q. And we've -- we've talked about whether 9 certain data was generated in connection with 10 opioid surveys that PCSAO was requesting at 11 different points in time. You remember that 12 discussion? 13 A. Yes. 14 Q. Okay. So first e-mail is from Amy 15 Davidson to Brady Stewart, copying -- copying 16 Elizabeth Mangon. 17 And we talked about Ms. Davidson, 18 correct? 19 A. Correct. 20 Q. And who is Brady Stewart and who is 21 Elizabeth Mangon? 22 A. Brady Stewart is in our quality 23 improvement department. He is primarily our 24 SACWIS person. And he -- so he runs reports for 25 us and those kinds of things that come out of our</p> | <p style="text-align: right;">Page 288</p> <p>1 out of however many cases there were with a 2 removal in place, there were 466 that had 3 something about substance use as a concern or 4 risk contributor, correct? 5 A. Correct. 6 Q. Okay. It said, "For those cases, I 7 wrote code to programmatically pull the Drug Type 8 ('drug choice') from both the linked intakes and 9 parental Characteristics. Out of 242 cases, we 10 had to physically look at 41 cases to find a 11 documented drug type." 12 Do you know what he means by that? 13 MS. FLOWERS: Object to the form. 14 THE WITNESS: I'm not sure what he means 15 by that, no. 16 BY MR. ALEXANDER: 17 Q. Does that suggest an issue with the data 18 that's in SACWIS of needing to go physically look 19 at case files? 20 MS. FLOWERS: Object to the form. 21 THE WITNESS: I -- I -- I guess that 22 what he means is that when he looked at the 23 parental characteristics, he did not see it 24 there. So he looked into those 41 cases because 25 he knew there was a substance abuse issue, but it</p> |
| <p style="text-align: right;">Page 287</p> <p>1 quality improvement department. 2 Liz Mangon is the director of the 3 quality improvement department. 4 Q. So I gave her a French pronunciation to 5 her last name. It's just "Mangon"?</p> <p>6 A. "Mangon."</p> <p>7 Q. Okay. All right. So, ultimately, 8 Mr. Stewart writes back to Ms. Davidson later 9 that morning, sends her a spreadsheet about 466 10 removals in 2016 where there was a reunification 11 case plan that had substance use documented as a 12 concern/risk contributor. Do you see that?</p> <p>13 A. Yes.</p> <p>14 Q. It's the bottom of the first page.</p> <p>15 A. Bottom of the first page. Uh-huh. Yes.</p> <p>16 Q. Okay. And is that tied to what we were 17 talking about earlier in terms of looking at 18 people who had a -- a plan in place that 19 identified substance use?</p> <p>20 A. Right. Yes. Uh-huh.</p> <p>21 Q. And do you know if this was done in 22 connection with responding to a PCSAO opioid 23 survey?</p> <p>24 A. I believe that's what this is for, yes.</p> <p>25 Q. So it continues, "For those cases" -- so</p> | <p style="text-align: right;">Page 289</p> <p>1 wasn't identified.</p> <p>2 BY MR. ALEXANDER:</p> <p>3 Q. When you say "looked into," means looked 4 at the --</p> <p>5 A. He looked --</p> <p>6 Q. -- actual file, case file?</p> <p>7 A. -- at the actual file then.</p> <p>8 Q. So in 2017, after the various efforts to 9 upgrade, make more robust the data that's in 10 SACWIS, there's still issues where the specific 11 drug is not specified for some portion of the 12 cases, correct?</p> <p>13 MS. FLOWERS: Object to the form.</p> <p>14 THE WITNESS: I -- I don't -- I don't 15 know.</p> <p>16 BY MR. ALEXANDER:</p> <p>17 Q. I mean, it says that, basically, 18 one-sixth of the cases they identified didn't 19 have the drug specified without going back to the 20 case file?</p> <p>21 A. Right.</p> <p>22 MS. FLOWERS: Objection to the form.</p> <p>23 THE WITNESS: It wasn't -- sorry. It 24 wasn't specified in that place in the record is 25 what I'm interpreting this to mean, but I -- I</p> |

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| <p style="text-align: right;">Page 290</p> <p>1 may be wrong about what he means here. 2 BY MR. ALEXANDER: 3 Q. The -- the drug choice wasn't specified 4 in the database, so he had to go to the actual 5 case file to try to figure out if they could 6 figure out what the case -- what the drug of 7 choice was? 8 MS. FLOWERS: Object to the form and 9 characterization. 10 BY MR. ALEXANDER: 11 Q. Is that what it's saying? 12 MS. FLOWERS: Objection. 13 THE WITNESS: It -- it would still be in 14 the case -- it would still be in the database. 15 I -- I'm -- I believe -- and, again, I'm trying 16 to interpret a sentence that I didn't write, so I 17 don't know -- but I believe he probably, when he 18 looked at -- he says he looked at parental 19 characteristics, and of those cases, he had to 20 look at 41 for the documented drug type. 21 So if he went to parental 22 characteristics and didn't find a drug type but 23 he knew there was a substance use issue already 24 identified, he knew that it had to be somewhere 25 else, so he looked at another field. And I don't</p> | <p style="text-align: right;">Page 292</p> <p>1 A. I believe I do. I think we talked about 2 how we wanted to pull this so that we could be as 3 accurate as possible. I think we believe this to 4 be an under-represented number, but it's an 5 accurate number. 6 So short of, you know, going into every 7 record and then really having to pull it out of a 8 variety of different fields or somehow analyze by 9 comparing those fields, we knew that if we pulled 10 it out of this particular area, that we would be 11 able to provide accurate data. 12 Q. Okay. So you feel that this measure, 13 looking at the removals with a reunification case 14 plan that have substance use documented as a 15 concern or risk contributor is an accurate way to 16 track this over time to see the impact of the 17 opioid or opiate epidemic on your group's 18 function, correct? 19 MS. FLOWERS: Object to the form. 20 THE WITNESS: I don't know that I can 21 speak to over time. I think that, at this point, 22 we felt like this was the most accurate place to 23 pull this from. 24 BY MR. ALEXANDER: 25 Q. Okay. And that -- we know that this</p> |
| <p style="text-align: right;">Page 291</p> <p>1 have any idea where he looked or what he looked 2 at. 3 BY MR. ALEXANDER: 4 Q. Well, it doesn't say "look." It said 5 "physically look." Do you know if that means 6 here that -- look at a -- a case file, not just 7 at the database? 8 MS. FLOWERS: Objection to the form of 9 the question. The document speaks for itself. 10 THE WITNESS: "Physically look," to me, 11 would mean he went into the record, the case 12 record, in some place in the case record. 13 BY MR. ALEXANDER: 14 Q. Okay. So it says 266 opioid removals or 15 27 percent of the total of 980 removals for 2016. 16 Do you see that? 17 A. I do. 18 Q. And then Ms. Davidson writes to you, 19 again later that morning, and says, "I think this 20 is the best data we have been able to come up 21 with so far to represent the impact of the opioid 22 epidemic." Do you see that? 23 A. Yes. 24 Q. And by "best data," do you know what she 25 meant?</p> | <p style="text-align: right;">Page 293</p> <p>1 same sort of a calculation was done for 2017, so 2 you could compare -- 3 A. Right. 4 Q. -- 2016 and 2017, right? 5 A. Yes -- 6 MS. FLOWERS: Objection. 7 THE WITNESS: -- I believe so. 8 BY MR. ALEXANDER: 9 Q. And you thought that was a meaningful 10 comparison? 11 MS. FLOWERS: Objection. 12 THE WITNESS: Yes, I -- I do. 13 BY MR. ALEXANDER: 14 Q. And if that had been available for prior 15 years, you think it also would have been a -- a 16 meaningful comparison subject to concerns about 17 pre-2016 SACWIS data when it comes to drug 18 choice, correct? 19 MS. FLOWERS: Object to the form. 20 THE WITNESS: I -- I don't know that 21 because I think that parental characteristics was 22 a place where we started trying to use to 23 identify the drug type. So I don't know that, if 24 you looked at it historically, that you would 25 necessarily get as accurate data or as thorough</p> |

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| <p style="text-align: right;">Page 294</p> <p>1 of data because I don't know that the staff were 2 putting it in there consistently in that place. 3 BY MR. ALEXANDER: 4 Q. Okay. So when we talk about opioid 5 usage in here, that means that opiates -- 6 opioids, as described here, meaning opioids, 7 opiates, including illegal drugs like heroin, 8 were at least one of the drugs that was 9 identified, correct?</p> <p>10 MS. FLOWERS: Objection to the form. 11 THE WITNESS: Yes, I believe that's what 12 it means. 13 BY MR. ALEXANDER: 14 Q. Okay. There's nothing where it says 15 it's the sole drug or it's the primary drug, 16 correct? 17 MS. FLOWERS: Objection. 18 THE WITNESS: I don't understand the 19 question. 20 BY MR. ALEXANDER: 21 Q. It's -- the 57 percent means that 22 there's some mention of what's described here as 23 opioid use in the record, correct? They may also 24 have been using cocaine, they may have also been 25 using marijuana, they may have been using a</p> | <p style="text-align: right;">Page 296</p> <p>1 basically, but we don't know at the time of 2 removal that that is a result of -- the reason -- 3 underlying reason being that there's a substance 4 use issue. So that's why we don't pull it based 5 on removal reason because often, at removal, you 6 don't know. 7 BY MR. ALEXANDER: 8 Q. Okay. So this may be little parts of 9 this because I think there are a couple of things 10 built in. This 27 percent of removals have some 11 opioid use, it doesn't mean that they're -- the 12 removal is due to opioid use, correct? 13 MS. FLOWERS: Object to the form. Lack 14 of foundation. 15 THE WITNESS: No. I think what it means 16 is that opioid use was an issue, a factor, in the 17 removal. 18 BY MR. ALEXANDER: 19 Q. Okay. But not necessarily the reason, 20 correct? 21 MS. FLOWERS: Object to the form. 22 THE WITNESS: Not necessarily. It 23 wouldn't be documented that way, certainly. But, 24 you know, I would just tell you from my 25 experience that if opioid use or abuse is a</p> |
| <p style="text-align: right;">Page 295</p> <p>1 variety of things, but one of these -- whatever 2 counts as an opioid here was one of what they 3 were using, correct? 4 MS. FLOWERS: Object to form and 5 foundation. 6 THE WITNESS: Yes. They -- they may 7 have been using other drugs as well. 8 BY MR. ALEXANDER: 9 Q. Okay. There's no judgment in here when 10 it says that these are opioid use cases, that 11 opioid use was what was driving the issues or the 12 removal or even the primary drug of abuse, 13 correct? 14 MS. FLOWERS: Objection. Form and 15 foundation. 16 THE WITNESS: This is -- this particular 17 data here is not specifically talking about 18 removal reason. There's certainly a different 19 code for removal reason. But removal reason is 20 not always related to substance use because we 21 don't often know at the time of removal that 22 substance use is the underlying issue. 23 So we might remove the child because the 24 parents left the child home alone or didn't feed 25 the child or, you know, neglected the child,</p> | <p style="text-align: right;">Page 297</p> <p>1 factor, that is typically the primary reason that 2 a child is removed. 3 BY MR. ALEXANDER: 4 Q. And the -- 5 A. Whether it comes out as abuse or 6 neglect, the real reason is because the parent 7 has an opiate addiction. 8 Q. And what's that impression based on? 9 Just you've -- what you've seen -- 10 A. Just -- 11 Q. -- what you've seen and heard in 12 general, or some specific analyses? 13 A. No. I mean, I think it's really based 14 on a lot of years of watching casework and 15 knowing what we -- when we go to court and we 16 talk about the cases, for example, it might not 17 be the issue that comes up at the time of removal 18 but it's certainly at the time when we get, say, 19 the case disposition, we know then that there is 20 a bigger issue than the fact that the children 21 were left home alone. 22 So we may have removed because the 23 children were left home alone but, ultimately, 24 the real reason those children were removed was 25 because of the opiate use.</p> |

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| <p style="text-align: right;">Page 298</p> <p>1 BY MR. ALEXANDER:</p> <p>2 Q. So you said "opiate" just now. It says</p> <p>3 "opioid" here. Do you know, does heroin count in</p> <p>4 here, does --</p> <p>5 A. I'm using the terms interchangeably</p> <p>6 because I don't have data that's separating them</p> <p>7 out.</p> <p>8 Q. Okay. So do we know what percentage or</p> <p>9 what part of the 27 percent here actually</p> <p>10 involved prescription opioids being used legally</p> <p>11 by somebody with a prescription to receive them?</p> <p>12 MS. FLOWERS: Object to form.</p> <p>13 THE WITNESS: I don't --</p> <p>14 MS. FLOWERS: Asked and answered.</p> <p>15 THE WITNESS: I don't know.</p> <p>16 MS. FLOWERS: We've been going about two</p> <p>17 hours.</p> <p>18 MR. ALEXANDER: The tape's about to end,</p> <p>19 and I'm just --</p> <p>20 MS. FLOWERS: Okay.</p> <p>21 MR. ALEXANDER: -- finishing this</p> <p>22 document.</p> <p>23 MS. FLOWERS: Okay.</p> <p>24 MR. ALEXANDER:</p> <p>25 Q. Do you -- do you expect that the vast</p> | <p style="text-align: right;">Page 300</p> <p>1 Q. The percent of your cases that involved</p> <p>2 opioid, opiate, heroin abuse as some sort of at</p> <p>3 least contributor to what was going on --</p> <p>4 A. Uh-huh.</p> <p>5 Q. -- do you have a number better than this</p> <p>6 27 percent number for 2016?</p> <p>7 MS. FLOWERS: Object to the form.</p> <p>8 THE WITNESS: Better, I -- I -- I don't</p> <p>9 know that I would say we have a better number.</p> <p>10 BY MR. ALEXANDER:</p> <p>11 Q. More accurate? More reliable?</p> <p>12 A. No. I --</p> <p>13 MS. FLOWERS: Same objection.</p> <p>14 THE WITNESS: I think this is accurate</p> <p>15 and reliable, which is why we used it in this</p> <p>16 survey. Because it was the most accurate number</p> <p>17 and the most reliable number, not necessarily the</p> <p>18 biggest number or the best number, whatever that</p> <p>19 means.</p> <p>20 But I -- I think it was something that</p> <p>21 we felt that we had good data to show that this</p> <p>22 was accurate data. So we probably could have</p> <p>23 used other sources or other numbers or other</p> <p>24 combinations of factors. And if we had done</p> <p>25 that, these numbers would be higher, would be my</p> |
| <p style="text-align: right;">Page 299</p> <p>1 majority of this is heroin related?</p> <p>2 MS. FLOWERS: Objection. Lack of</p> <p>3 foundation.</p> <p>4 THE WITNESS: I don't know. I -- I</p> <p>5 think if you looked at it in terms of a report,</p> <p>6 it would most likely demonstrate that it was a</p> <p>7 higher level of heroin than any other opiate.</p> <p>8 But I think that what we don't know and feel very</p> <p>9 strongly about is that many of our clients take</p> <p>10 heroin as a result of formerly being use -- using</p> <p>11 an -- a prescription opiate.</p> <p>12 BY MR. ALEXANDER:</p> <p>13 Q. And we talked about that earlier --</p> <p>14 A. Yes, we did.</p> <p>15 Q. -- that issue.</p> <p>16 And this 27 percent number, do you think</p> <p>17 this is the most representative number you have</p> <p>18 for an impact of all of these opiates, opioids,</p> <p>19 heroin collectively in terms of their impact on</p> <p>20 the cases in 2006 for Summit County Children's</p> <p>21 Services?</p> <p>22 MS. FLOWERS: Object to the form.</p> <p>23 THE WITNESS: I -- I'm not sure I</p> <p>24 understand the question.</p> <p>25 BY MR. ALEXANDER:</p> | <p style="text-align: right;">Page 301</p> <p>1 best guess on that.</p> <p>2 BY MR. ALEXANDER:</p> <p>3 Q. You felt strongly enough about this to</p> <p>4 use it not just for PCSAO but in press statements</p> <p>5 and in other presentations that you gave,</p> <p>6 correct?</p> <p>7 MS. FLOWERS: Object to the form.</p> <p>8 THE WITNESS: I felt comfortable enough</p> <p>9 that this was accurate that I could use this</p> <p>10 data, yes.</p> <p>11 MR. ALEXANDER: Why don't we take a</p> <p>12 break.</p> <p>13 THE WITNESS: Okay.</p> <p>14 THE VIDEOGRAPHER: Going off the record</p> <p>15 at 3:24 p m.</p> <p>16 (Recess taken.)</p> <p>17 THE VIDEOGRAPHER: We're back on the</p> <p>18 record at 3:44 p m.</p> <p>19 BY MR. ALEXANDER:</p> <p>20 Q. Ms. Barnes, is there any of your</p> <p>21 testimony thus far you need to change or</p> <p>22 supplement in any way?</p> <p>23 A. I don't believe so.</p> <p>24 Q. And we've been talking about the</p> <p>25 information that you have based on your personal</p> |

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| <p style="text-align: right;">Page 302</p> <p>1 knowledge from within your role as executive 2 director of Summit County Children's Services. 3 Are there specific cases or analyses or 4 information that you have that you would want to 5 relay at trial that we have not yet already 6 discussed?</p> <p>7 MS. FLOWERS: Object to the form.</p> <p>8 THE WITNESS: I'm not sure. I don't 9 know.</p> <p>10 BY MR. ALEXANDER:</p> <p>11 Q. I didn't hear you.</p> <p>12 A. I -- I don't know.</p> <p>13 Q. Okay. Have you -- have you done 14 something where you've -- and I'm not asking 15 about specific discussions with lawyers for the 16 county, but have you done something where you've 17 looked through specific case files or gone back 18 through your own e-mails and own documents to try 19 to figure out what at trial you might want to 20 bring out to illustrate what you think has been 21 the impact of heroin or opiate -- or opioid use 22 on Summit County Children's Services?</p> <p>23 A. You know, short of looking at some of 24 the discovery documents, I don't think so, no.</p> <p>25 Q. And have you looked at any of the</p> | <p style="text-align: right;">Page 304</p> <p>1 same day of March 22nd -- I'm -- March 21st, 2 2018.</p> <p>3 A. Yes.</p> <p>4 Q. Do you recall the context of having a 5 statement to the board about the portion of 6 hotline calls that involve different types of 7 drugs?</p> <p>8 A. No. I -- I guess I need to read this, 9 so . . .</p> <p>10 Okay.</p> <p>11 Q. So it says that Amy gave a statement to 12 a board. Do you know what board that would have 13 been?</p> <p>14 A. The board of trustees.</p> <p>15 Q. Okay. Not the social services advisory 16 board?</p> <p>17 A. No, I -- no. Amy wouldn't give a report 18 to the social service advisory board.</p> <p>19 Q. You do sometimes, right?</p> <p>20 A. Yes.</p> <p>21 Q. Okay. Because we haven't talked about 22 that. That's a -- another board where you 23 sometimes present, and there are minutes 24 generated and reports generated, correct?</p> <p>25 A. That's right.</p> |
| <p style="text-align: right;">Page 303</p> <p>1 discovery responses, the written answers that a 2 party signs and describes their position on 3 certain things or their answers to certain 4 questions?</p> <p>5 A. No, I haven't.</p> <p>6 Q. Okay. When you say "discovery 7 documents," you just mean the documents produced 8 from your department?</p> <p>9 A. Correct.</p> <p>10 - - -</p> <p>11 Thereupon, Exhibit 5 was marked for 12 purposes of identification.</p> <p>13 - - -</p> <p>14 BY MR. ALEXANDER:</p> <p>15 Q. Okay. I have marked as Exhibit 1 [sic] 16 an e-mail chain that's on one page, 17 SUMMIT_001911167.</p> <p>18 And there's a copy for plaintiffs' 19 counsel. This is Exhibit 5.</p> <p>20 The subject line is "board report 21 information." And it starts with something from 22 you to Amy Davidson at the bottom.</p> <p>23 A. Uh-huh.</p> <p>24 Q. And then she responds, and then you 25 respond. Is that how the chain goes? All on the</p> | <p style="text-align: right;">Page 305</p> <p>1 Q. And how often are those presentations or 2 those meetings?</p> <p>3 A. They're monthly meetings. They have 4 subcommittee meetings -- various subcommittee 5 meetings as well, so . . .</p> <p>6 Q. And like we talked about before, there 7 would be documents generated and maintained in 8 connection with those social services advisory 9 board meetings as well, correct?</p> <p>10 A. Correct.</p> <p>11 Q. Going back the entire time you've been 12 executive director, correct?</p> <p>13 MS. FLOWERS: Object to the form.</p> <p>14 THE WITNESS: I don't necessarily 15 maintain all of those documents, but the social 16 service advisory board does.</p> <p>17 BY MR. ALEXANDER:</p> <p>18 Q. Okay.</p> <p>19 A. Yes.</p> <p>20 MR. ALEXANDER: And, Counsel, just -- 21 and I will deal with it after the deposition but, 22 obviously, we reserve all of our right with 23 regard to continuing the deposition based upon 24 the document production issues that have been 25 discovered during the course of the deposition.</p> |

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| <p style="text-align: right;">Page 306</p> <p>1 Again, I won't take up our time with 2 that, but this seems like a pertinent time to 3 raise it.</p> <p>4 MS. FLOWERS: And I'll put on the record 5 that we believe we've produced all documents for 6 this witness, but we can certainly discuss it 7 afterwards.</p> <p>8 BY MR. ALEXANDER:</p> <p>9 Q. So the statement that you're asking 10 about to the board that Ms. Davidson gave is "Of 11 the Hotline calls screened in for abuse or 12 neglect during February" -- I assume that's 2018.</p> <p>13 A. Yes.</p> <p>14 Q. -- "67 of the reports had parental or 15 caregiver substance abuse being identified by the 16 referent. Each of the 67 reports could have 17 multiple drug types identified. Top drugs were." 18 Let me just pause there, "multiple drug 19 types identified." And that's similar to what we 20 were talking about in the last document, that 21 there may be more than one drug that's identified 22 in any of these records, correct?</p> <p>23 A. Correct.</p> <p>24 Q. Okay. "The top drugs were: Opiates 36 25 percent" -- do you know what's included in</p> | <p style="text-align: right;">Page 308</p> <p>1 MS. FLOWERS: Object to the form. 2 THE WITNESS: I was asking her how many 3 calls there were in February. 4 BY MR. ALEXANDER: 5 Q. Right. So the 67 calls in February with 6 substance abuse described was out of 279 calls. 7 So 24 percent, about a quarter of the calls. 8 Do you see that? 9 MS. FLOWERS: Object to the form. 10 THE WITNESS: Yes. Uh-huh. 11 BY MR. ALEXANDER: 12 Q. Okay. And then of those, 36 had some 13 opiate use, all -- all potential types of opiates 14 with or without other drugs. That's 36, so it 15 means 24 of those 67 reports had opiates as 16 described, right? I can just tell you that's the 17 math. 18 A. Looks roughly like that's the math, yes. 19 Q. It's the exact math. 20 A. Okay. 21 Q. And so that 24 of 279 is 8.6 percent, 22 meaning 8.6 percent of the calls that came in, 23 the referent talks about opiate substance abuse 24 along with, potentially, other drugs. Do you see 25 that?</p> |
| <p style="text-align: right;">Page 307</p> <p>1 opiates? Like, does that include heroin? 2 fentanyl? you know, prescription opioids? illegal 3 street drugs that are of the opiate class? 4 A. That would be -- 5 MS. FLOWERS: Objection. 6 THE WITNESS: -- all of the above. 7 MS. FLOWERS: Asked and answered.</p> <p>8 BY MR. ALEXANDER:</p> <p>9 Q. "Marijuana 34 percent; and 10 Methamphetamines 30 percent. These are calls 11 where substance abuse is alleged, we often find 12 that substance abuse is the underlying cause of 13 the abuse/neglect during or assessment when it 14 has not been reported. We had 105 more Hotline 15 calls this February, than [in] February of 2017." 16 And you asked, "Can you tell me the 17 total number of calls screened in for February so 18 the 67 reports identifying substance abuse has 19 some perspective?" 20 Did I read that right? 21 A. Yes. 22 Q. So you wanted to know, of 67 reports 23 with substance abuse identified by the referent, 24 the person on the phone, out of how many calls 25 was that in February of 2018, correct?</p> | <p style="text-align: right;">Page 309</p> <p>1 MS. FLOWERS: Object to the form. 2 BY MR. ALEXANDER: 3 Q. Again, that's how the math works, 24 out 4 of 279. 5 A. If your math is correct, that's right. 6 Q. Does that sound to be accurate to you, 7 that in February of 2018, we're down to substance 8 abuse involving broad class of opiates described 9 as being less than 10 percent of all calls coming 10 in? 11 MS. FLOWERS: Object to the form of the 12 question. Lack of foundation. 13 THE WITNESS: I don't know that I have a 14 good perspective on that because we have really 15 only been tracking this data at the hotline, 16 really, I think for about a year maybe. That was 17 a SACWIS change that occurred for 2017. And Amy 18 had not necessarily reported this information to 19 me on a regular basis, which is one reason why I 20 had to ask a question. 21 And this was -- this was a report that 22 she -- she -- this was just something she 23 e-mailed me, I believe, to put in the board 24 report. So if I have to speak to it in a board 25 report, I just needed to clarify it.</p> |

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| <p style="text-align: right;">Page 310</p> <p>1 But I -- I don't know what the history 2 would have been or could have been or how long we 3 were tracking it at the hotline. So this is just 4 what the reporter would say at the hotline. 5 So -- so it's not a global who -- how many 6 families are using opiates. This is a -- this is 7 something a reporter believes as part of an 8 allegation only.</p> <p>9 BY MR. ALEXANDER:</p> <p>10 Q. Which is typically the starting point 11 for opening a file, correct?</p> <p>12 A. Yes.</p> <p>13 Q. Okay. So we talked about the role of 14 these hotline calls.</p> <p>15 A. Yeah.</p> <p>16 Q. But if less than 20 -- less than 17 10 percent, this 8.6 percent, at least for 18 February of 2018 --</p> <p>19 A. Right.</p> <p>20 Q. -- involve some allegation of opiate use 21 with or without other drugs, is that lower than 22 you would expect for this time period?</p> <p>23 MS. FLOWERS: Object to the form.</p> <p>24 THE WITNESS: Not necessarily because I 25 don't think the hotline caller really knows if</p> | <p style="text-align: right;">Page 312</p> <p>1 THE WITNESS: Obviously, any number from 2 a reporter is concerning to me because if you're 3 getting it at that point, generally, again, my 4 experience is that they don't know what the 5 underlying issues are with the family. They're 6 really calling to report other factors of abuse 7 or neglect.</p> <p>8 So the fact that even 8 percent of 9 people are -- have enough knowledge to know that 10 there's an opiate use of some kind that 11 constitutes abuse or neglect, I think, is 12 concerning. And probably it's more of a 13 professional reporter that would have that type 14 of information.</p> <p>15 BY MR. ALEXANDER:</p> <p>16 Q. So sometimes the people reporting are, 17 like, health care professionals or school 18 administrators --</p> <p>19 A. Right.</p> <p>20 Q. -- or other professionals?</p> <p>21 A. That's right.</p> <p>22 Q. Okay. So if 6 months earlier the number 23 was higher or 12 months earlier the number was 24 higher than this 8.6 percent, that's a good 25 trend, right, for this number to drop?</p> |
| <p style="text-align: right;">Page 311</p> <p>1 people are using substances or not. That's 2 generally -- I mean, sometimes they call and say, 3 "Hey, you know, my next-door neighbor is -- is 4 using heroin or something," but, generally, 5 they're calling to say, "The kids are left home 6 alone." They're not necessarily calling to 7 report substance use.</p> <p>8 BY MR. ALEXANDER:</p> <p>9 Q. Would you like this number to be 10 dropping, the percentage of -- well, let me ask 11 it the other way. If -- if it was that 12 80 percent of calls identified substance abuse of 13 some sort instead of the 24 percent here, 14 wouldn't that be concerning?</p> <p>15 A. That would --</p> <p>16 MS. FLOWERS: Object to the form.</p> <p>17 THE WITNESS: That would be very 18 concerning.</p> <p>19 BY MR. ALEXANDER:</p> <p>20 Q. And if it wasn't 8.6 percent but 21 50 percent that involved some description of 22 opiate use as part of what the hotline caller is 23 calling about, that would be concerning, right?</p> <p>24 MS. FLOWERS: Object to the form. Calls 25 for speculation.</p> | <p style="text-align: right;">Page 313</p> <p>1 MS. FLOWERS: Objection. The document 2 speaks for itself.</p> <p>3 Go ahead and try to answer.</p> <p>4 THE WITNESS: I would -- I would want to 5 look at a trend before I would say it's a trend, 6 more than one month to one month, but --</p> <p>7 BY MR. ALEXANDER:</p> <p>8 Q. If it's dropped compared to six months 9 earlier or a year earlier, that would be the -- 10 the trend in the direction you would want it, 11 correct?</p> <p>12 MS. FLOWERS: Object to the form.</p> <p>13 THE WITNESS: If it's a trend, yes, 14 definitely.</p> <p>15 - - -</p> <p>16 Thereupon, Exhibit 6 was marked for 17 purposes of identification.</p> <p>18 - - -</p> <p>19 BY MR. ALEXANDER:</p> <p>20 Q. Okay. So I've marked as Deposition 21 Exhibit 6 a three-page document, SUMMIT_000171798 22 to -1800.</p> <p>23 There's a copy for you and a copy for 24 plaintiffs' counsel.</p> <p>25 And we were just talking about the</p> |

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| <p style="text-align: right;">Page 314</p> <p>1 social services advisory board meetings. This 2 was a meeting of the Summit County Public Health 3 from January 25th, 2017, and you're identified as 4 being present.</p> <p>5 Do you see that?</p> <p>6 A. Yes.</p> <p>7 Q. And are you on any of the -- the 8 committees?</p> <p>9 A. I am on the health and human services 10 committee.</p> <p>11 Q. And if you see on the second page, 12 there's a discussion of a presentation by the 13 health and human services committee, including 14 some discussion about tracking the opiate 15 epidemic and the Affordable Health Care Act 16 repeal/replace.</p> <p>17 Do you see that about three-quarters of 18 the way down the second page right after the -- 19 right after where it says that "your subcommittee 20 met on January 12th?</p> <p>21 A. Oh. Okay.</p> <p>22 Q. Do you see what I'm talking about?</p> <p>23 A. Not yet.</p> <p>24 Q. Do you want me to point you to it?</p> <p>25 On the second page it says, "Health and</p> | <p style="text-align: right;">Page 316</p> <p>1 Q. Right after that, it says, "John Saros 2 has submitted his resignation to Ilene Shapiro 3 and he has been replaced by Sadie Winlock who is 4 the CEO and President of the Akron Urban League."</p> <p>5 Do you know what the resignation was?</p> <p>6 MS. FLOWERS: Object to the form.</p> <p>7 THE WITNESS: John Saros was appointed 8 to the Social service advisory board, and he 9 resigned from that position.</p> <p>10 BY MR. ALEXANDER:</p> <p>11 Q. Did he resign from other positions 12 within the -- within Summit County at this time 13 too?</p> <p>14 A. I'm not aware if he was on any other.</p> <p>15 Q. Okay. If you go down to -- a couple 16 paragraphs down, it says, "Ms. Shapiro was 17 invited to the strategic planning retreat in 18 June."</p> <p>19 Did that happen, the strategic planning 20 retreat?</p> <p>21 A. Yes, it did.</p> <p>22 Q. Did you go to that?</p> <p>23 A. Yes, I did.</p> <p>24 Q. Was there any discussion about dealing 25 with opioids or opiates or heroin abuse?</p> |
| <p style="text-align: right;">Page 315</p> <p>1 Human Services Committee." It's underlined. 2 Then it says that committee met on January 12th. 3 A. Uh-huh. 4 Q. Two paragraphs down from there -- 5 A. Okay. 6 Q. -- it says, "items identified by HHS to 7 keep a pulse on." And it says, "The opioid -- 8 opiate epidemic and the Affordable Health Care 9 Act repeal/replace." 10 A. Yes. 11 Q. Do you see that? 12 A. I see that. Uh-huh. 13 Q. And that indicates to you that this is 14 another forum where you would have had 15 discussions about the impact of heroin abuse and 16 opiate abuse on children's services and the 17 broader issue of -- of public health, correct? 18 A. Correct. 19 Q. Okay. Under the "Executive Committee," 20 it starts -- it says that met a week earlier, on 21 January 18th, to set the agenda for the board 22 meeting and prepare for a meeting with Eileen 23 Shapiro on January 23rd. 24 Who's Eileen Shapiro? 25 A. The County of Summit executive.</p> | <p style="text-align: right;">Page 317</p> <p>1 MS. FLOWERS: Object to the form. 2 THE WITNESS: I believe so, but there 3 was -- it was extensive discussion about all 4 kinds of community issues, so . . . 5 BY MR. ALEXANDER: 6 Q. Did any plan or plan of action come out 7 of that retreat? 8 A. Yes. 9 Q. Do you have documents about that? 10 A. I don't know. 11 Q. Where would they be? 12 A. They would be -- social service advisory 13 board would be the -- through Summit County 14 Public Health would be the holder of those 15 documents. 16 Q. So, like, the meeting in June or July 17 would have described this in the minutes? 18 A. Potentially. Typically, they create, 19 like, a strategic plan out of those meetings, so 20 there's some document that would be the strategic 21 plan for the Social service advisory board. 22 Q. Would it have been sent to you by e-mail 23 or in hard copy? 24 A. Probably. 25 Q. Do you still have that somewhere?</p> |

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| <p style="text-align: right;">Page 318</p> <p>1 A. I don't know. 2 Q. You haven't looked, have you? 3 MS. FLOWERS: Object to the form and to 4 the question. 5 THE WITNESS: I -- I didn't look for 6 that specifically, no. 7 BY MR. ALEXANDER: 8 Q. Okay. So the next paragraph says, 9 "Sandy Selby and Elaine Harlin updated the County 10 Executive about the role and activities of the 11 Health and Human Services Committee. There was 12 [a] general discussion about the opiate epidemic 13 and thinking outside the box to address the 14 issue." 15 Do you remember this discussion at all? 16 A. I -- I don't know what they're talking 17 about there, if they're talking about they had a 18 conversation with her during this meeting or -- 19 Q. Who's -- 20 A. There were -- there were a lot of 21 subcommittees in this particular meeting, as 22 well, so I don't know if that was a subcommittee 23 conversation. I -- I just -- I'm not sure about 24 the context of that. 25 Q. Who is Sandy Selby?</p> | <p style="text-align: right;">Page 320</p> <p>1 the rise in 2018? 2 MS. FLOWERS: Objection. 3 BY MR. ALEXANDER: 4 Q. I'm sorry. 2017. 5 MS. FLOWERS: Objection. 6 THE WITNESS: This -- this report is an 7 executive committee report. I would not have 8 been in the executive committee, so I think 9 that's why this is not ringing a bell for me. 10 BY MR. ALEXANDER: 11 Q. So the statement that follows, "The 12 substance may change but addiction is still the 13 issue," do you see that? 14 A. Yes. 15 Q. Do you agree with that in terms of the 16 impact on children's services? 17 MS. FLOWERS: Objection to the form. 18 THE WITNESS: I -- I don't know what 19 they're talking about here, so I don't -- I mean, 20 certainly, substance abuse -- any type of 21 addiction is -- is an issue for our families, 22 yes. I would agree with that. But I don't know 23 what they're saying here. 24 BY MR. ALEXANDER: 25 Q. Did anything in terms of changing</p> |
| <p style="text-align: right;">Page 319</p> <p>1 A. Sandy Selby is a member of the social 2 service advisory board. 3 Q. Do you know his or her position? 4 A. She is a faith-based pastor, leader of 5 some type. 6 Q. Okay. Elaine Harlin, what about her? 7 A. Elaine Harlin is a member of social 8 service advisory board. She was the former 9 director of Child Guidance and Family Solutions. 10 Q. So it continues, "Ms. Shapiro noted that 11 many in the private community are interested in 12 helping. There is a need for a holistic approach 13 and to view addiction/substance abuse as a 14 chronic disease. There was discussion that 2017 15 should be the peak of the opiate epidemic but ADM 16 is finding that cocaine and meth" -- it says 17 "is" -- "still on the rise." 18 Do you see that? 19 A. I do. 20 Q. And ADM, we've talked about that, 21 essentially, the part of the county that deals 22 with addiction. 23 A. Yes. 24 Q. Does this refresh you at all about a 25 discussion about cocaine and meth both being on</p> | <p style="text-align: right;">Page 321</p> <p>1 practices or efforts for children's services come 2 out of this Social service advisory board 3 meeting, to your knowledge? 4 A. No. 5 --- 6 Thereupon, Exhibit 7 was marked for 7 purposes of identification. 8 --- 9 BY MR. ALEXANDER: 10 Q. Handing you what we've marked as 11 Deposition Exhibit 7. It's SUMMIT_0000 -- so 12 that's four zeros -- 19809 through -812. 13 There's a copy for you and a copy for 14 plaintiffs' counsel. 15 This is the 2016 Annual Report of Summit 16 County Children's Services. You were involved in 17 preparing this, correct? 18 A. My staff prepared this. I approve it. 19 Q. But we actually have a bunch of e-mails 20 back and forth from you changing the language -- 21 A. Yes. 22 Q. -- the and various ways for the message 23 from the executive director and chair on the 24 first page -- 25 A. Yes.</p> |

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| <p style="text-align: right;">Page 322</p> <p>1 Q. -- correct?</p> <p>2 A. Yes. Well, I mean I assume so. I 3 certainly do always alter the executive director 4 message, typically.</p> <p>5 Q. And you stand by what's listed on this 6 first page as coming from you, correct?</p> <p>7 MS. FLOWERS: Objection.</p> <p>8 THE WITNESS: I would have approved this 9 message, yes.</p> <p>10 BY MR. ALEXANDER:</p> <p>11 Q. Are you aware of anything inaccurate in 12 here?</p> <p>13 A. No, I'm not.</p> <p>14 Q. Okay. I mean, this reflects some of 15 what we talked about. That --</p> <p>16 A. Uh-huh.</p> <p>17 Q. -- there's been an increase in the 18 number of children in custody and in the cost of 19 placing and caring for children. At the same 20 time, Ohio was 50th in the nation for financial 21 support.</p> <p>22 And you went on to say even if Ohio 23 doubled the funds allocated for the state child 24 protection, Ohio would still be the lowest in the 25 nation. We've talked about that, right?</p> | <p style="text-align: right;">Page 324</p> <p>1 We worked with some organizations to 2 provide recovery coaches for our clients. That 3 would be a partnership with a couple different 4 organizations that we've worked with.</p> <p>5 We provide parenting classes for some of 6 our parents with -- in collaboration with another 7 community agency as well.</p> <p>8 We have some in-home services that we 9 have contracted with other agencies for -- to 10 support our clients also.</p> <p>11 Q. And do you think that these programs 12 that have been initiated, I guess, in roughly 13 2016 have been beneficial?</p> <p>14 MS. FLOWERS: Objection.</p> <p>15 THE WITNESS: Yes. I -- I believe they 16 have been beneficial. I -- I think, you know, 17 particularly the recovery coaches has been very, 18 very good for our clients. They really enjoy 19 having someone who is outside of our 20 organization, so the recovery coaches are very 21 successful.</p> <p>22 We have struggled with that, especially 23 since the STARS funding has been eliminated. We 24 have continued to pay for some recovery coaches, 25 but there are some issues with that in terms of</p> |
| <p style="text-align: right;">Page 323</p> <p>1 MS. FLOWERS: Objection.</p> <p>2 THE WITNESS: We didn't talk about that 3 Ohio -- if Ohio doubled funds, but we did talk 4 about Ohio being the lowest in the nation, yes.</p> <p>5 BY MR. ALEXANDER:</p> <p>6 Q. This theme of -- and you've been public 7 about it, as you said -- that the state funding 8 is very low and hasn't increased to keep up with 9 the demands of child services, correct?</p> <p>10 A. Correct.</p> <p>11 Q. It continues on, "To meet these ongoing 12 needs, SCCS" -- Summit County Children's 13 Services -- "developed many collaborative 14 partnerships throughout the community that have 15 helped to establish and continue a multitude of 16 services for families experiencing substance 17 abuse and addiction, as well as for children who 18 have been affected by trauma."</p> <p>19 Are there specific partnerships and 20 programs you were referencing there?</p> <p>21 A. The STARS partnership would certainly be 22 one of those. The partnership that we have with 23 juvenile court on the -- through the family 24 reunification recovery court program would be 25 another one.</p> | <p style="text-align: right;">Page 325</p> <p>1 Medicaid coverage.</p> <p>2 BY MR. ALEXANDER:</p> <p>3 Q. And are there two recovery coaches? How 4 many -- how many are there?</p> <p>5 A. There's -- we don't have a number. I 6 mean, we contract with organizations to provide 7 recovery coaches. So it depends on how many each 8 organization has.</p> <p>9 Q. Okay. So the next sentence says, "We 10 have seen many families overcome addiction with 11 the right intervention and support, and this 12 annual report highlights some of the services 13 provided to families."</p> <p>14 Is that true?</p> <p>15 A. Yes, that's true.</p> <p>16 Q. Does that apply to families where there 17 is an issue of opiate addiction?</p> <p>18 A. Yes.</p> <p>19 Q. And are there -- is there any data on 20 that, any statistics on that of how many families 21 you think have overcome opiate addiction based 22 upon a timely response or timely intervention?</p> <p>23 A. I don't know that there's data 24 specifically on that or which intervention 25 particularly was the intervention that was the</p> |

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| <p style="text-align: right;">Page 326</p> <p>1 most effective, so . . .</p> <p>2 Q. You don't kind of track your successes</p> <p>3 in that way?</p> <p>4 A. You know, we've done some tracking with</p> <p>5 STARS, but I don't have that really at this</p> <p>6 point, and we haven't submitted that final report</p> <p>7 yet. So there's -- there may be some tracking</p> <p>8 related to that that hasn't really been produced</p> <p>9 at this point. So, no, not necessarily.</p> <p>10 Q. Okay. On the next page, Page 2,</p> <p>11 describing the substance abuse problem, the</p> <p>12 second paragraph says, "Nearly 70 percent of all</p> <p>13 families served by SCSS [sic] are challenged by</p> <p>14 substance abuse and addiction." Do you see that?</p> <p>15 A. I do.</p> <p>16 Q. Now, you mentioned a 70 percent number</p> <p>17 earlier?</p> <p>18 A. Uh-huh.</p> <p>19 Q. Is that the same one that you're talking</p> <p>20 about here as 70 percent of all families are</p> <p>21 challenged by substance abuse and addiction of</p> <p>22 any substance?</p> <p>23 MS. FLOWERS: Object to the form.</p> <p>24 THE WITNESS: This would be talking</p> <p>25 about families who have substance abuse of any</p> | <p style="text-align: right;">Page 328</p> <p>1 had some -- had -- did not have an issue with any</p> <p>2 of their parents of opiate abuse, correct?</p> <p>3 MS. FLOWERS: Objection. Lack of</p> <p>4 foundation and form.</p> <p>5 THE WITNESS: This is what we know. So,</p> <p>6 you know, if there is additional, I don't know</p> <p>7 that.</p> <p>8 BY MR. ALEXANDER:</p> <p>9 Q. That's the only data you have, correct?</p> <p>10 MS. FLOWERS: Objection.</p> <p>11 THE WITNESS: Correct.</p> <p>12 BY MR. ALEXANDER:</p> <p>13 Q. So, in other words, 87.5 percent of the</p> <p>14 foster care children came into foster care</p> <p>15 without a parent with a known opiate addiction</p> <p>16 issue, correct?</p> <p>17 MS. FLOWERS: Object to the form. Lack</p> <p>18 of foundation; misstates what the document says.</p> <p>19 THE WITNESS: Yeah, I'm not calculating</p> <p>20 the math, but that -- I think that I see the</p> <p>21 conclusion you're drawing, yes.</p> <p>22 BY MR. ALEXANDER:</p> <p>23 Q. And the overall change in the numbers of</p> <p>24 custody cases over time, in foster care cases</p> <p>25 over time, is not explained by this, essentially,</p> |
| <p style="text-align: right;">Page 327</p> <p>1 type, yes.</p> <p>2 BY MR. ALEXANDER:</p> <p>3 Q. Okay. Not specific at all to opioids or</p> <p>4 opiates, correct?</p> <p>5 A. Not specific to any drug type.</p> <p>6 Q. The next one says, "In fact, half of the</p> <p>7 children who entered foster care in 2016 came</p> <p>8 from families where at least one parent struggled</p> <p>9 with substance abuse. And, one of four of these</p> <p>10 children came from homes where an opiate was the</p> <p>11 primary substance."</p> <p>12 Do you see that?</p> <p>13 A. I do.</p> <p>14 Q. Is that accurate information?</p> <p>15 A. I believe so.</p> <p>16 Q. So, in other words, one of eight of the</p> <p>17 children who came into foster care came from</p> <p>18 homes where an opiate was the primary substance,</p> <p>19 correct?</p> <p>20 MS. FLOWERS: Objection.</p> <p>21 THE WITNESS: That appears to be</p> <p>22 accurate, yes.</p> <p>23 BY MR. ALEXANDER:</p> <p>24 Q. Okay. So, in other words, seven of</p> <p>25 eight of the kids entering foster care in 2016</p> | <p style="text-align: right;">Page 329</p> <p>1 one-eighth part that has to do, potentially, with</p> <p>2 opiate addiction, correct?</p> <p>3 MS. FLOWERS: Object to the form. Lack</p> <p>4 of foundation and to the mischaracterization of</p> <p>5 the record.</p> <p>6 THE WITNESS: I -- I don't -- I don't</p> <p>7 know that. I mean, I -- again, I -- I don't know</p> <p>8 that we always know that. But I think that a</p> <p>9 substantial number of the children who have come</p> <p>10 into custody or the increase in the number in</p> <p>11 custody is related to substance use disorders,</p> <p>12 including opioids.</p> <p>13 BY MR. ALEXANDER:</p> <p>14 Q. And I'm sorry. The -- the number of</p> <p>15 children in foster care at any point in time goes</p> <p>16 up and down by more than 12 percent. We've seen</p> <p>17 that from your data over time, correct?</p> <p>18 MS. FLOWERS: Objection. Asked and</p> <p>19 answered.</p> <p>20 THE WITNESS: Well, it depends on what</p> <p>21 time period you're looking at. Yeah. I mean --</p> <p>22 BY MR. ALEXANDER:</p> <p>23 Q. Well, the average number for -- for a</p> <p>24 year or any of the other measures, it's not the</p> <p>25 same flat number of foster care cases every year</p> |

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| <p style="text-align: right;">Page 330</p> <p>1 since 2005, let's say. Right?</p> <p>2 MS. FLOWERS: Objection.</p> <p>3 THE WITNESS: That's correct. But you</p> <p>4 used a percentage that I think was not correct.</p> <p>5 BY MR. ALEXANDER:</p> <p>6 Q. Well, I mean, we -- we know that the</p> <p>7 number of foster care cases has gone up and down</p> <p>8 by -- well, let's say by more than 10 percent in</p> <p>9 any given year, correct?</p> <p>10 MS. FLOWERS: Objection.</p> <p>11 THE WITNESS: Not consistently, no.</p> <p>12 BY MR. ALEXANDER:</p> <p>13 Q. Okay. Sometimes, it's up; sometimes,</p> <p>14 it's down.</p> <p>15 MS. FLOWERS: Objection. Asked and</p> <p>16 answered.</p> <p>17 THE WITNESS: There have been some</p> <p>18 pretty specific patterns. It's not -- I mean,</p> <p>19 it's not going up and down dramatically, no. It</p> <p>20 was up very substantially, historically for</p> <p>21 different reasons. But our custody numbers in</p> <p>22 2012, for example, were about 550 children on the</p> <p>23 average that year. They were 100 more children</p> <p>24 in 2017.</p> <p>25 BY MR. ALEXANDER:</p> | <p style="text-align: right;">Page 332</p> <p>1 ---</p> <p>2 BY MR. ALEXANDER:</p> <p>3 Q. Okay. Exhibit 8 --</p> <p>4 A. Okay.</p> <p>5 Q. -- is another e-mail chain. This is</p> <p>6 SUMMIT_000106321 to -22. And it's a series --</p> <p>7 A. Oh. Sorry.</p> <p>8 Q. -- of e-mails in October of 2017 between</p> <p>9 you, Darin Kearns, and Mitch -- Rich Marountas.</p> <p>10 And is Mr. Marountas an epidemiologist who works</p> <p>11 for the county?</p> <p>12 A. He works for Summit County Public</p> <p>13 Health, yes.</p> <p>14 Q. Okay. And we've talked about Mr. Kearns</p> <p>15 already, correct?</p> <p>16 A. Yes.</p> <p>17 Q. He's the financial guy?</p> <p>18 A. Yes.</p> <p>19 Q. And do you guys have different roles</p> <p>20 when it comes to budget, you and Mr. Kearns?</p> <p>21 A. Yes.</p> <p>22 Q. What's the difference between your</p> <p>23 roles?</p> <p>24 A. Well, my role would be a higher level of</p> <p>25 managing the budget, approving the budget,</p> |
| <p style="text-align: right;">Page 331</p> <p>1 Q. Right.</p> <p>2 A. So . . .</p> <p>3 Q. So approximately 20 percent more --</p> <p>4 A. Yes.</p> <p>5 Q. -- another year, correct?</p> <p>6 A. Right.</p> <p>7 Q. And so what we're saying is comparing it</p> <p>8 to what we said as the number who have one parent</p> <p>9 with an opiate addiction problem as approximately</p> <p>10 12 percent, the change in foster care numbers</p> <p>11 from year to year can be more than the number</p> <p>12 that's described as being possibly related to</p> <p>13 opiates, correct?</p> <p>14 MS. FLOWERS: Objection to the form;</p> <p>15 lack of foundation.</p> <p>16 THE WITNESS: Yeah. I don't -- I don't</p> <p>17 know that that's correct because you're --</p> <p>18 that's -- you're talking about a span there in</p> <p>19 time. If you looked at each year, I -- I mean, I</p> <p>20 would have to look at each year and calculate the</p> <p>21 percentage increase each year. So I don't know</p> <p>22 that what you're saying is correct, no.</p> <p>23 ---</p> <p>24 Thereupon, Exhibit 8 was marked for</p> <p>25 purposes of identification.</p> | <p style="text-align: right;">Page 333</p> <p>1 reporting to the board on the budgets.</p> <p>2 Darin, Mr. Kearns, does the day-to-day</p> <p>3 operations of the budgets, paying the bills,</p> <p>4 those kinds of things. The forecasting, the</p> <p>5 projecting, that he would provide to me in the</p> <p>6 budget.</p> <p>7 Q. Okay. So the start of this chain on</p> <p>8 October 5th, 2017, you write to Mr. Kearns, and</p> <p>9 you ask him to send the information we put</p> <p>10 together for the county to demonstrate the cost</p> <p>11 of opioid epidemic to Rich Marountas from Summit</p> <p>12 County Public Health. Do you see that?</p> <p>13 A. I do.</p> <p>14 Q. And there's some back-and-forth. And</p> <p>15 your e-mail at the top from October 18th, 2017,</p> <p>16 it says "Hi, Rich, Sorry for my delay in</p> <p>17 responding to you. Our best estimate, which may</p> <p>18 be conservative, is that about 30 percent of</p> <p>19 children come into custody as a result of opioid</p> <p>20 abuse/addiction in the home.</p> <p>21 "Our calculations on the cost are simply</p> <p>22 related to 30 percent of the cost of placement</p> <p>23 and child care expenses. So I assume I will have</p> <p>24 our graphs sent to you for the number of children</p> <p>25 in custody, and I would suggest we just use 30</p> |

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| <p style="text-align: right;">Page 334</p> <p>1 percent of that number."</p> <p>2 Did I read that right?</p> <p>3 A. Yes.</p> <p>4 Q. Okay. And that -- is that 30 percent</p> <p>5 based on the 27 percent calculation we saw</p> <p>6 before?</p> <p>7 MS. FLOWERS: Object to the form.</p> <p>8 THE WITNESS: I believe it is, yes.</p> <p>9 BY MR. ALEXANDER:</p> <p>10 Q. Okay. Just kind of rounded it up a</p> <p>11 little bit?</p> <p>12 MS. FLOWERS: Object to the form.</p> <p>13 THE WITNESS: We rounded it up because</p> <p>14 we knew that it was an under-representation of</p> <p>15 the accurate number, yes.</p> <p>16 BY MR. ALEXANDER:</p> <p>17 Q. So you rounded it up by about</p> <p>18 10 percent?</p> <p>19 MS. FLOWERS: Objection to the form and</p> <p>20 the characterization of the testimony.</p> <p>21 BY MR. ALEXANDER:</p> <p>22 Q. So that's the --</p> <p>23 A. We rounded it up by 3 percent.</p> <p>24 Q. I'm saying 10 percent of the 27 percent.</p> <p>25 I -- I'm sorry.</p> | <p style="text-align: right;">Page 336</p> <p>1 A. It -- you know, it depended on the year,</p> <p>2 but we had different numbers for several</p> <p>3 different years in a row.</p> <p>4 Q. When did you start? What was the first</p> <p>5 year that you came up with numbers for?</p> <p>6 A. I believe we tried to use the number of</p> <p>7 the case plans and the characteristics which</p> <p>8 occurred in 2016.</p> <p>9 Q. Do you have any estimates before 2016?</p> <p>10 A. We don't have any specific numbers for</p> <p>11 earlier years on those. We used these numbers.</p> <p>12 Q. So is it still 30 percent for 2016?</p> <p>13 A. I'm --</p> <p>14 MS. FLOWERS: Object to the form.</p> <p>15 THE WITNESS: Frankly, I'm not really</p> <p>16 sure at this point what we're using in terms of</p> <p>17 damages, so I really don't know how to answer</p> <p>18 that question.</p> <p>19 BY MR. ALEXANDER:</p> <p>20 Q. Is there a different estimate that</p> <p>21 you're aware of, work that's gone into preparing</p> <p>22 that estimate that you're aware of?</p> <p>23 MS. FLOWERS: Object to the form to the</p> <p>24 extent that it calls for any information that's</p> <p>25 covered by the attorney-client or work-product</p> |
| <p style="text-align: right;">Page 335</p> <p>1 All right. So do you know what this was</p> <p>2 to be used for?</p> <p>3 A. Yes, I do.</p> <p>4 Q. What do you think it was for?</p> <p>5 A. My recollection was that this was for us</p> <p>6 to determine our costs related to whether or not</p> <p>7 we would participate in this lawsuit.</p> <p>8 Q. Have you ever come up with a different</p> <p>9 estimate for cost?</p> <p>10 MS. FLOWERS: Objection. And I want</p> <p>11 to -- again, I want to caution the witness just</p> <p>12 to not relay anything on the record that you</p> <p>13 learned in the course of attorney-client</p> <p>14 communication.</p> <p>15 So the question -- could you read it</p> <p>16 back for her?</p> <p>17 (Question read back as requested.)</p> <p>18 THE WITNESS: We have provided</p> <p>19 additional information to our attorneys.</p> <p>20 BY MR. ALEXANDER:</p> <p>21 Q. Okay. What information?</p> <p>22 A. We have tried to just narrow down the</p> <p>23 30 percent number so that we could be as accurate</p> <p>24 as possible.</p> <p>25 Q. And have you come to a different number?</p> | <p style="text-align: right;">Page 337</p> <p>1 privilege.</p> <p>2 MR. ALEXANDER: Well, there's subject</p> <p>3 matter waiver on work product, clearly, at this</p> <p>4 point.</p> <p>5 BY MR. ALEXANDER:</p> <p>6 Q. So go ahead.</p> <p>7 MS. FLOWERS: We can agree to disagree</p> <p>8 on that.</p> <p>9 BY MR. ALEXANDER:</p> <p>10 Q. You can answer. Go ahead.</p> <p>11 A. We have provided a variety of different</p> <p>12 ways to look at this information to our</p> <p>13 attorneys.</p> <p>14 Q. Can you tell me what any of the numbers</p> <p>15 are other than 30 percent for 2016?</p> <p>16 MS. FLOWERS: Objection. Asked and</p> <p>17 answered.</p> <p>18 THE WITNESS: I --</p> <p>19 MS. FLOWERS: Same -- same instruction,</p> <p>20 please.</p> <p>21 THE WITNESS: I -- I really don't recall</p> <p>22 the specific numbers. We took the case plan</p> <p>23 numbers instead of -- I don't remember where this</p> <p>24 30 percent came from, but we took the case plan</p> <p>25 numbers and applied them to the last couple of</p> |

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| <p style="text-align: right;">Page 338</p> <p>1 years where we knew we had put in characteristics 2 and have provided some information on that. 3 BY MR. ALEXANDER: 4 Q. Who worked on this other than you? 5 MS. FLOWERS: Object to the form. 6 THE WITNESS: I am guessing that the -- 7 our QI staff had to pull some data in our 8 financial -- Darin, Mr. Kearns -- would have 9 applied any financial analysis to that. 10 BY MR. ALEXANDER: 11 Q. Have you seen something that's, like, a 12 final estimate -- 13 MS. FLOWERS: Objection. 14 BY MR. ALEXANDER: 15 Q. -- for 2016 or any other year? 16 MS. FLOWERS: Objection, and the same 17 instruction. 18 THE WITNESS: I don't really know the 19 answer to that. I know we've provided some 20 numbers to our counsel, and I don't know what 21 they are. 22 BY MR. ALEXANDER: 23 Q. Okay. So you're not refusing to answer 24 what they are; you're just saying you don't know 25 the details?</p> | <p style="text-align: right;">Page 340</p> <p>1 --- 2 Thereupon, Exhibit 9 was marked for 3 purposes of identification. 4 --- 5 MR. ALEXANDER: 6 Q. Exhibit 9. 7 A. Okay. 8 Q. I think it's kind of a follow-up of -- 9 of where we were before. 10 THE WITNESS: Oh. Sorry. 11 MS. FLOWERS: It's okay. 12 BY MR. ALEXANDER: 13 Q. This is three pages of e-mails, 14 001910811 through -13. And these are e-mails 15 from February of 2018 that include you on them 16 along with Beth Lowe and others. 17 There's a reference to some information 18 that you got from Brady, who we talked about 19 earlier, correct? 20 A. Right. 21 Q. So as I understand what's going on here, 22 essentially, this is providing what we had from 23 before of that 27 percent for 2016 and then 24 providing the information from 2017 by way of 25 contrast. Do you see that?</p> |
| <p style="text-align: right;">Page 339</p> <p>1 A. I don't know the details. 2 Q. Okay. But you know that there have been 3 assessments put together by you, Mr. Kearns -- 4 A. Yes. 5 Q. -- and your staff to come up with 6 something -- 7 A. Yes. 8 Q. -- is that right? 9 A. Yes. 10 Q. Okay. Do you have paper on that, 11 documents at all? 12 MS. FLOWERS: Objection. Asked and 13 answered. 14 THE WITNESS: Anything that I would have 15 has been provided to our attorneys. 16 BY MR. ALEXANDER: 17 Q. Well, we don't have any of that other 18 than what I've been going over. Nothing recent, 19 nothing since -- 20 A. I gave it to our attorneys. I don't 21 know what -- 22 MS. FLOWERS: Objection. 23 THE WITNESS: -- to tell you about that. 24 MR. ALEXANDER: All right. Well, let's 25 go on with our reservations about these issues.</p> | <p style="text-align: right;">Page 341</p> <p>1 A. Yes. 2 Q. Have I described it accurately; that's 3 what's going on here? 4 MS. FLOWERS: Object to the form. 5 THE WITNESS: It's providing data for 6 two years, yes. 7 BY MR. ALEXANDER: 8 Q. Okay. But the data for 2016 is the 9 exact one we went over before, the 27 percent 10 related to opioid removals with the various 11 caveats about opioid involves a variety of drugs 12 and possibly multiple drugs at the same time and 13 is not necessarily the reason for the removal, 14 correct? 15 MS. FLOWERS: Object to the form. Lack 16 of foundation. 17 THE WITNESS: Yes. I -- this would, 18 again, be the -- this was data pulled on the 19 reunification case plan, so not necessarily the 20 reason for removal, but that substance abuse had 21 been identified at some point so that it was on 22 the reunification case plans. 23 BY MR. ALEXANDER: 24 Q. Essentially, the 2016 is the 25 cut-and-paste from what we saw before and went</p> |

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| <p style="text-align: right;">Page 342</p> <p>1 over in a prior exhibit. And then the 2017 data 2 was compiled in the same way, correct? 3 MS. FLOWERS: Objection. 4 THE WITNESS: Yes. It looks like it's 5 the same data. Same pull of data, yes. 6 BY MR. ALEXANDER: 7 Q. So doing this sort of apples-to-apples 8 comparison we talked about before, we see that it 9 dropped from 2016 to 2017 from 27 percent to 10 21 percent, correct? 11 MS. FLOWERS: Objection. Object to the 12 form. 13 THE WITNESS: Opioid removals were 14 27 percent of the total removals in 2016 and 15 21 percent of the total removals in 2017. 16 BY MR. ALEXANDER: 17 Q. And, again, you think those are both 18 accurate estimates, correct? 19 MS. FLOWERS: Object to the form. Lack 20 of foundation. 21 THE WITNESS: I think these are 22 underrepresented numbers. They are accurate 23 based on how they were pulled. 24 BY MR. ALEXANDER: 25 Q. Do you think that this is an accurate</p> | <p style="text-align: right;">Page 344</p> <p>1 2017, correct? 2 MS. FLOWERS: Object to the form of the 3 question and the characterization of the 4 witness's testimony. 5 THE WITNESS: No, I'm not -- I'm not 6 necessarily saying that. I don't know that it 7 isn't 30 percent. But according to the way we 8 pulled this, 21 percent were on the -- were on 9 the case plans. 10 BY MR. ALEXANDER: 11 Q. And do you know what the data is for 12 2018 so far? More or less than 21 percent? 13 A. I don't know. 14 Q. Okay. 15 - - - 16 Thereupon, Exhibit 10 was marked for 17 purposes of identification. 18 - - - 19 BY MR. ALEXANDER: 20 Q. Handing you what's been marked as 21 Deposition Exhibit 10. A copy for plaintiffs' 22 counsel, as well. 23 This is another e-mail chain. This is 24 February of 2018. Basically, the next day. And 25 this kind of builds off of what we were just</p> |
| <p style="text-align: right;">Page 343</p> <p>1 comparison to say that the percentage involving 2 opioid use dropped in 2017 compared -- compared 3 to 2016? 4 MS. FLOWERS: Objection. Lack of 5 foundation. 6 THE WITNESS: The percentage of opioid 7 removals on case plans was less in 2017 than it 8 was in 2016. 9 BY MR. ALEXANDER: 10 Q. That's good, right? 11 A. That is good. 12 Q. And so the 30 percent that we talked 13 about before as a rounding up from the 27 percent 14 would not apply to 2017, correct? 15 MS. FLOWERS: Object to the form. 16 THE WITNESS: Yeah, I don't understand 17 that question. 18 BY MR. ALEXANDER: 19 Q. 30 percent we talked about in the last 20 document as a -- 21 A. Right. 22 Q. -- that was based upon the 27 percent 23 and was adjusted up a little bit because of the 24 idea that it might be under-representative. 25 You're not saying that 30 percent would apply to</p> | <p style="text-align: right;">Page 345</p> <p>1 going over but has a detailed comment from you -- 2 from Amy Davidson to you in response to your 3 request for bullet points on barriers to 4 successfully working with our clients and things 5 we were doing internally to work with clients in 6 substance abuse. 7 Do you see that? 8 A. I do. 9 Q. Okay. The list of barriers that Amy 10 Davidson lists here, you see the seven bullets 11 that she has as current -- current barriers, do 12 you agree with all of those? 13 MS. FLOWERS: Object to the form. 14 THE WITNESS: I agree with her points, 15 yes. 16 BY MR. ALEXANDER: 17 Q. And -- and these are barriers that are 18 not related to how many people in Summit County 19 at any given point in time are using heroin or 20 have some issue with drug addiction, correct? 21 MS. FLOWERS: Object to the form. The 22 document speaks for itself. 23 THE WITNESS: I -- I -- I -- could you 24 repeat the question? 25 BY MR. ALEXANDER:</p> |

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| <p style="text-align: right;">Page 346</p> <p>1 Q. These barriers are not barriers based 2 upon there being an issue of heroin use or other 3 drug abuse; these are barriers that exist in 4 working with patients independent of any issue of 5 drug abuse, correct?</p> <p>6 MS. FLOWERS: Objection. Foundation.</p> <p>7 THE WITNESS: These are barriers that 8 exist for us in working with clients who have 9 substance use issues.</p> <p>10 BY MR. ALEXANDER:</p> <p>11 Q. Right. Regardless of how many there 12 are?</p> <p>13 A. Right.</p> <p>14 MS. FLOWERS: Objection.</p> <p>15 BY MR. ALEXANDER:</p> <p>16 Q. And the --</p> <p>17 A. Yes.</p> <p>18 Q. -- what we're doing here, that list of 19 bullets, some of these are things that were just 20 initiated within the last year, correct?</p> <p>21 A. Of what we are doing.</p> <p>22 Yes, some of them are within the last 23 year.</p> <p>24 - - -</p> <p>25</p> | <p style="text-align: right;">Page 348</p> <p>1 not?</p> <p>2 BY MR. ALEXANDER:</p> <p>3 Q. Are you -- are you done going through 4 it?</p> <p>5 A. Close to done.</p> <p>6 Q. I'll wait.</p> <p>7 A. If you'd like me to finish it.</p> <p>8 Okay. I'm -- what is -- what is your 9 question?</p> <p>10 Q. Is there any of the data that's listed 11 in the e-mail from Ann Ream to Katerina Papas 12 that you think is inaccurate?</p> <p>13 A. Not to my knowledge.</p> <p>14 Q. So who's Ann Ream?</p> <p>15 A. Ann Ream is the director of community 16 relations.</p> <p>17 Q. And so do you typically go through 18 community relations to interact with the press?</p> <p>19 A. Typically.</p> <p>20 Q. And Katerina Papas, what was the purpose 21 of copying her here?</p> <p>22 A. She supervises Ann Ream. Community 23 relations falls under the administrative and 24 legal services division.</p> <p>25 Q. Okay. So a nonlegal function, though?</p> |
| <p style="text-align: right;">Page 347</p> <p>1 Thereupon, Exhibit 11 was marked for 2 purposes of identification.</p> <p>3 - - -</p> <p>4 BY MR. ALEXANDER:</p> <p>5 Q. Exhibit 11 is another e-mail chain. 6 This one is from March of 2018, so a month after 7 what we were just looking at. And this is 8 SUMMIT_0019111169 through -71. And the top 9 e-mail is from you, but it's a back-and-forth 10 relating to a response to a request from Public 11 Broadcasting System Ideastream. Is that, like, a 12 local television program?</p> <p>13 A. Yes. Uh-huh.</p> <p>14 Q. Okay. And all the data here in the 15 March 16th e-mail from Ann Ream to Katerina 16 Papas, all of this data is accurate?</p> <p>17 MS. FLOWERS: Object to the form of the 18 question.</p> <p>19 THE WITNESS: Well, I'd have to read it. 20 I -- I'm --</p> <p>21 BY MR. ALEXANDER:</p> <p>22 Q. So who's Ann Ream?</p> <p>23 MS. FLOWERS: Counsel, she was still 24 reading the document trying to tell you if it's 25 accurate or not. Do you want her to do that or</p> | <p style="text-align: right;">Page 349</p> <p>1 MS. FLOWERS: Object to the form. Calls 2 for a legal conclusion.</p> <p>3 THE WITNESS: Correct.</p> <p>4 BY MR. ALEXANDER:</p> <p>5 Q. I didn't hear you.</p> <p>6 A. It's a nonlegal function. This is her 7 function in supervising community relations.</p> <p>8 Q. So your e-mail at the top says, "Maybe 9 on the question about opioids five years ago, we 10 can add a statement that although we did not 11 track it, we had very few cases."</p> <p>12 What did you mean by that?</p> <p>13 A. Five years ago, we didn't have a lot of 14 cases that were identified as opioid cases.</p> <p>15 Q. Identified.</p> <p>16 A. Uh-huh.</p> <p>17 Q. What do you mean by "identified"?</p> <p>18 A. We were not removing children and taking 19 children into custody or serving families who had 20 an opiate addiction in the family in the same 21 numbers that we were at this time.</p> <p>22 Q. And when you say, "we didn't track it," 23 you mean because SACWIS didn't have that sort of 24 information and instructions to, you know, kind 25 of regularly and systematically update that</p> |

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| <p style="text-align: right;">Page 350</p> <p>1 information?</p> <p>2 A. Well, I think this is the same issue</p> <p>3 that we talked about earlier that SACWIS didn't</p> <p>4 really have a consistent good place to a put drug</p> <p>5 type.</p> <p>6 ---</p> <p>7 Thereupon, Exhibit 12 was marked for</p> <p>8 purposes of identification.</p> <p>9 ---</p> <p>10 BY MR. ALEXANDER:</p> <p>11 Q. Okay. Handing you Exhibit 12.</p> <p>12 A copy for plaintiffs' counsel.</p> <p>13 This is a two-page series of e-mails</p> <p>14 from March and April of 2018, SUMMIT_001910793</p> <p>15 to -94.</p> <p>16 Do you see your name on this e-mail</p> <p>17 chain?</p> <p>18 A. I do.</p> <p>19 Q. Who's Leann Benitez?</p> <p>20 A. She is a caseworker in the permanency</p> <p>21 planning department, and her role is to work with</p> <p>22 the foster homes -- our licensed foster homes.</p> <p>23 Q. Under your umbrella?</p> <p>24 A. In the agency, yes.</p> <p>25 Q. Who is Maureen Flynn?</p> | <p style="text-align: right;">Page 352</p> <p>1 around trying to reduce the number of children in</p> <p>2 custody and put, really, a philosophical change</p> <p>3 around how long we'd take kids into custody, why</p> <p>4 we would take kids into custody, and what we</p> <p>5 could do in term -- in lieu of having children</p> <p>6 come into our custody.</p> <p>7 Q. So in the six years since then -- I</p> <p>8 don't know what your most recent data is -- but</p> <p>9 based on the most recent data you have, how many</p> <p>10 children are currently in custody compared to the</p> <p>11 558 from 2012?</p> <p>12 A. Currently?</p> <p>13 Q. Yes, ma'am.</p> <p>14 A. Currently, we have roughly 800 children</p> <p>15 in custody.</p> <p>16 Q. Okay. Do you attribute that roughly</p> <p>17 250-child increase solely to the impact of</p> <p>18 opioids or is that multifactorial?</p> <p>19 MS. FLOWERS: Object to the form.</p> <p>20 THE WITNESS: I think it is</p> <p>21 multifactorial.</p> <p>22 BY MR. ALEXANDER:</p> <p>23 Q. Okay. If you go to the e-mail from</p> <p>24 Ms. Benitez --</p> <p>25 A. Uh-huh.</p> |
| <p style="text-align: right;">Page 351</p> <p>1 A. Maureen Flynn is the supervisor of our</p> <p>2 placement unit.</p> <p>3 Q. So, basically, over Ms. Benitez?</p> <p>4 A. No. She does not supervise Ms. Benitez.</p> <p>5 Q. So let's go back to the very first</p> <p>6 e-mail in this. It says "In 2004, Summit County</p> <p>7 Children's Services had 1,254 children in custody</p> <p>8 and dropped 55 percent by 2012 to 558." Do you</p> <p>9 see that?</p> <p>10 A. I do.</p> <p>11 Q. So you see that's -- that's a</p> <p>12 significant drop over time, correct?</p> <p>13 A. Yes. Yes, it is.</p> <p>14 Q. And can you explain briefly why there'd</p> <p>15 be such a significant drop over the course of</p> <p>16 eight years by more than half?</p> <p>17 A. Uh-huh. Yeah. I mean, I think it was</p> <p>18 very -- a combination of a lot of factors. It</p> <p>19 was really a statewide issue. I think that</p> <p>20 Children's Services took more children into</p> <p>21 custody at that time. We kept them in custody</p> <p>22 for a very long period of time. We took a very</p> <p>23 conservative approach to reunification as well as</p> <p>24 relative placement at that time.</p> <p>25 So there was really a statewide effort</p> | <p style="text-align: right;">Page 353</p> <p>1 Q. -- she is talking about the opioid</p> <p>2 epidemic --</p> <p>3 A. Uh-huh.</p> <p>4 Q. -- is the words she's using, "is hitting</p> <p>5 us hard." "Kids are coming in at alarming</p> <p>6 numbers and parents are not staying clean.</p> <p>7 Relapse is common and it's harder and harder</p> <p>8 to -- for them to get it together. Police are</p> <p>9 quicker to Rule 6 and at times, I think workers</p> <p>10 are quicker to file because of concern for</p> <p>11 safety/liability."</p> <p>12 Did I read that right?</p> <p>13 A. Yes.</p> <p>14 Q. What's Rule 6?</p> <p>15 A. Juvenile Rule 6 is the legal authority</p> <p>16 of law enforcement to take children into custody</p> <p>17 and put them in our placement for a 24-hour</p> <p>18 period or until a shelter care hearing -- hearing</p> <p>19 when there -- an emergency exists.</p> <p>20 Q. And do you interpret this as because of</p> <p>21 the issue of opioids and opiates and heroin, that</p> <p>22 Rule 6 is being used on a -- kind of a quicker</p> <p>23 basis?</p> <p>24 MS. FLOWERS: Object to the form.</p> <p>25 THE WITNESS: Rule 6 has been a common</p> |

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| <p style="text-align: right;">Page 354</p> <p>1 practice in Summit County forever, to my 2 knowledge. I think there were certainly more 3 children coming in through Rule 6 because of the 4 opiate epidemic because law enforcement would go 5 out into the home and find the parents overdosed 6 or they would do a drug bust in the home or, you 7 know, whatever kind of drug-related issues they 8 were looking at from the criminal perspective.</p> <p>9 And whenever they do that, if there are 10 children in the home, they will call us out to 11 the home to come out and take the children, put 12 them in our custody, so that we can place them 13 safely at least overnight until we can have the 14 shelter care hearing.</p> <p>15 BY MR. ALEXANDER:</p> <p>16 Q. Okay. The next paragraph says, "Parents 17 and the courts continue to dump 18 unruly/delinquent/unwanted children on us. We as 19 an agency don't really hold the families 20 accountable. Who cares if they get a neglect 21 filing in court? To them, it's worth not having 22 to be afraid in your own home."</p> <p>23 Do you see that?</p> <p>24 A. Yes.</p> <p>25 Q. Do you agree with those statements?</p> | <p style="text-align: right;">Page 356</p> <p>1 bottom is an e-mail from you, and the middle one 2 is back to you. Again, it's with Rich Marountas 3 from February of 2017 about some of the -- the 4 data analyses related to opiate and heroin.</p> <p>5 Do you see that?</p> <p>6 A. Yes, I do.</p> <p>7 Q. Okay. So it starts with you asking Rich 8 about data on the number of children born in 9 Summit County who are either born addicted or 10 born to mothers who are testing positive at 11 birth.</p> <p>12 Do you see that?</p> <p>13 A. Yes, I do.</p> <p>14 Q. Do you know why you wanted that 15 information?</p> <p>16 A. Just generally trying to get an 17 understanding of what that looked like, so -- I 18 mean, I knew it was a problem, but didn't have 19 good data on it, so . . .</p> <p>20 Q. And then there -- his response talks 21 about ways that he's been trying to figure out, 22 essentially, the number of neonatal abstinence 23 syndrome -- NAS -- births. Do you see that?</p> <p>24 A. Yes.</p> <p>25 Q. And then your response says, "Thank you</p> |
| <p style="text-align: right;">Page 355</p> <p>1 A. I don't even --</p> <p>2 MS. FLOWERS: Object to the form.</p> <p>3 THE WITNESS: -- know what it means.</p> <p>4 BY ALEXANDER:</p> <p>5 Q. Do you agree that "we as an agency don't 6 really hold the families accountable"?</p> <p>7 MS. FLOWERS: Object to the form.</p> <p>8 THE WITNESS: No, I -- I don't agree 9 with that.</p> <p>10 I think this worker is looking at this 11 from the perspective of the foster care side of 12 it. She's not a caseworker. She's not doing the 13 casework that the ongoing protective and intake 14 staff are.</p> <p>15 So she's venting. And she can be known 16 to vent, so . . .</p> <p>17 ---</p> <p>18 Thereupon, Exhibit 13 was marked for 19 purposes of identification.</p> <p>20 ---</p> <p>21 BY MR. ALEXANDER:</p> <p>22 Q. Exhibit 13, and then I think we're 23 probably at a good point for a break.</p> <p>24 This is another e-mail, SUMMIT_001911713 25 to -714. And the top is an e-mail from you, the</p> | <p style="text-align: right;">Page 357</p> <p>1 for your response and the data. Unfortunately, 2 we don't have great data here either about the 3 number of NAS babies we are serving." Do you see 4 that?</p> <p>5 A. I do.</p> <p>6 Q. And in what way do you serve NAS babies?</p> <p>7 A. Generally, if we are involved with an 8 NAS baby, that would be because the hospital has 9 called us at the time of the birth that the 10 mother and -- and/or baby has tested positive for 11 some type of drug. And we would investigate that 12 to determine whether or not we need to continue 13 to be involved. We might take custody of that 14 child and place that child in a foster home. So 15 that's our involvement typically.</p> <p>16 We're not always involved with an NAS 17 baby. I mean, so a mother may test positive and 18 there might be a father who's appropriate to take 19 that child. So we're not necessarily involved in 20 every NAS case.</p> <p>21 Q. Have you been involved in any analyses 22 or asked that any analyses be done to look at the 23 impact of NAS babies on the burden for Summit 24 County Children's Services?</p> <p>25 A. I have not been asked to analyze that</p> |

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| <p style="text-align: right;">Page 358</p> <p>1 specifically, no.</p> <p>2 Q. Or have you asked anybody to look into</p> <p>3 that?</p> <p>4 A. Well, I was asking Rich, and I didn't</p> <p>5 get some good data, but -- so, you know -- yeah.</p> <p>6 Q. What -- what about the cost side of it,</p> <p>7 whether it increases the cost or the stay time or</p> <p>8 anything like that by having these NAS babies</p> <p>9 compared to babies without some sort of addiction</p> <p>10 issue in their parent or compared to babies</p> <p>11 addicted to other substances?</p> <p>12 MS. FLOWERS: Object to the form.</p> <p>13 THE WITNESS: Cost analysis, nothing</p> <p>14 specific to my knowledge. I would say that I do</p> <p>15 believe they are very costly to the system,</p> <p>16 generally, including ours. They would tend to --</p> <p>17 unless there is a relative or another nonaddicted</p> <p>18 parent that might be able to parent that child,</p> <p>19 if they -- they generally would go into custody</p> <p>20 and be placed in foster care.</p> <p>21 Infants from substance use disorder</p> <p>22 families have a higher rate of going into our</p> <p>23 permanent custody, so then they're in our</p> <p>24 long-term care, potentially indefinitely, with a</p> <p>25 cost associated with that child through adult --</p> | <p style="text-align: right;">Page 360</p> <p>1 - - -</p> <p>2 Thereupon, Exhibit 14 was marked for</p> <p>3 purposes of identification.</p> <p>4 - - -</p> <p>5 BY MR. ALEXANDER:</p> <p>6 Q. This will be quick --</p> <p>7 A. Okay.</p> <p>8 Q. -- and then we'll break. Sorry.</p> <p>9 Exhibit 14 --</p> <p>10 A. I'm fine.</p> <p>11 Q. -- is an e-mail with attachments,</p> <p>12 SUMMIT_001636461, and the attachments ultimately</p> <p>13 include something that was produced in native</p> <p>14 format with no Bates number.</p> <p>15 And so I'm going to ask you about a</p> <p>16 specific part of this. This appears to be sent</p> <p>17 in advance of a -- sent on April 26, 2018, to you</p> <p>18 and others in advance of a May 3rd, 2018, meeting</p> <p>19 of FCFC Full Council. What does that mean?</p> <p>20 A. Family and Children's First Council.</p> <p>21 Full council is the full committee of the Family</p> <p>22 and Children's First Council.</p> <p>23 Q. And that's what sort of entity?</p> <p>24 A. Family and Children's First Council is a</p> <p>25 state-mandated function that every county has to</p> |
| <p style="text-align: right;">Page 359</p> <p>1 adulthood, so . . .</p> <p>2 BY MR. ALEXANDER:</p> <p>3 Q. And this has been seen -- or described,</p> <p>4 at least, as an issue back with what were</p> <p>5 sometimes called crack babies in the past and</p> <p>6 with other types of addiction? It's not just</p> <p>7 something that's seen with children whose mother</p> <p>8 was using opiates or opioids, correct?</p> <p>9 MS. FLOWERS: Object to the form. Lack</p> <p>10 of foundation.</p> <p>11 THE WITNESS: It would be any type of</p> <p>12 drug that --</p> <p>13 BY MR. ALEXANDER:</p> <p>14 Q. Okay. And --</p> <p>15 A. -- caused that child to be born --</p> <p>16 Q. And focusing specifically on opioids,</p> <p>17 have you initiated any kind of research to</p> <p>18 evaluate specifically what's going on with the</p> <p>19 impact on Summit County Children's Services with</p> <p>20 NAS babies where their mother was using an opioid</p> <p>21 or an opiate?</p> <p>22 MS. FLOWERS: Objection. Asked and</p> <p>23 answered.</p> <p>24 THE WITNESS: I -- I do believe I</p> <p>25 answered that and said, no, I haven't.</p> | <p style="text-align: right;">Page 361</p> <p>1 have a Family and children's First council.</p> <p>2 Q. And does that involve people who are</p> <p>3 government employees as well as private citizens</p> <p>4 as some sort of a coordinated effort?</p> <p>5 A. There is a core-mandated group Family</p> <p>6 and Children's First Counsel members, and then</p> <p>7 there are some members who are non-mandated that</p> <p>8 can be locally defined.</p> <p>9 Q. So on the agenda on Page 2, it said that</p> <p>10 you were going to present on an article on foster</p> <p>11 care and the opioid crisis. Do you see that?</p> <p>12 A. I do.</p> <p>13 Q. And then the article was attached. It's</p> <p>14 by Richard Wexler.</p> <p>15 A. Uh-huh.</p> <p>16 Q. Do you recall this at all?</p> <p>17 A. Yes.</p> <p>18 Q. And Mr. Wexler is very critical of the</p> <p>19 Public Children's Services Association of Ohio</p> <p>20 and what they have said about opiate crisis and</p> <p>21 the impact on Children's Services; is that a fair</p> <p>22 statement?</p> <p>23 A. Yes.</p> <p>24 MS. FLOWERS: Object to the form.</p> <p>25 BY MR. ALEXANDER:</p> |

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| <p style="text-align: right;">Page 362</p> <p>1 Q. And do you know him? 2 A. I don't. I know of him only, but I 3 don't know him. 4 Q. And when you say you "know of him," what 5 do you know? 6 MS. FLOWERS: Objection. 7 THE WITNESS: I -- he's -- he's been a 8 long-term, you know, opposer of government 9 entities, generally, and specifically children's 10 services and foster care. So he's -- he's 11 definitely been involved and written articles and 12 things related to child welfare. 13 BY MR. ALEXANDER: 14 Q. And this particular article appeared in 15 the local paper here, the Akron Beacon Journal, 16 correct? 17 A. They -- it was republished in our local 18 paper from another -- it was published somewhere 19 else. 20 Q. And it was a response to something from 21 PCSO from December 24th, 2017, correct? 22 A. Yes. 23 MS. FLOWERS: Objection. 24 BY MR. ALEXANDER: 25 Q. The criticisms he makes about -- about,</p> | <p style="text-align: right;">Page 364</p> <p>1 community, we needed to be able to talk this 2 through and make sure that we understood that he 3 was presenting false information. 4 -BY MR. ALEXANDER: 5 Q. And when -- 6 A. -- and that we had a real problem and 7 not a made-up problem, as he was insinuating. 8 Q. And when you presented or you've spoken 9 to the press, Cleveland.com or some of the other 10 press outlets about these issues, you've tried to 11 be accurate, correct? 12 A. Definitely. 13 Q. And you stand by all of your statements 14 that you're aware of that have appeared in the 15 press around here, correct? 16 A. I do. 17 MS. FLOWERS: Object to the form. 18 BY MR. ALEXANDER: 19 Q. And there has been press that was 20 negative press about overdose, including overdose 21 deaths of children who were within -- within the 22 responsibility or purview of Summit County 23 Children's Services, correct? 24 MS. FLOWERS: Object to the form. Lack 25 of foundation.</p> |
| <p style="text-align: right;">Page 363</p> <p>1 essentially, the way Children's Services was 2 behaving in response to the heroin and opiate 3 epidemic, do you agree with any of his 4 criticisms? 5 MS. FLOWERS: Objection. 6 THE WITNESS: No. I -- I don't agree 7 with anything he says. 8 BY MR. ALEXANDER: 9 Q. Okay. This entity that he's the 10 executive director of, the National Coalition for 11 Child Protection Reform, is that, like, a -- from 12 your view, kind of a crackpot organization, or 13 what? 14 MS. FLOWERS: Object to the form. 15 THE WITNESS: I don't know anything 16 about his organization. I -- I think it's him, 17 really, so . . . 18 BY MR. ALEXANDER: 19 Q. Okay. So what was the purpose of 20 presenting this to the council? 21 A. Because I -- 22 MS. FLOWERS: Object to form. 23 THE WITNESS: -- I felt like he provided 24 very false information that had been locally 25 reprinted. And I felt strongly that, as a</p> | <p style="text-align: right;">Page 365</p> <p>1 THE WITNESS: I'm not sure that's 2 accurate, no. 3 BY MR. ALEXANDER: 4 Q. Well, maybe -- we'll say it this way: 5 There were press accounts talking about children 6 who overdosed on things like heroin and fentanyl 7 that their parents had and that they took, and 8 then Children's Services became involved. 9 Do you remember press accounts like 10 that? 11 A. Yes, I do. 12 Q. And in terms of the handling of those 13 cases, do you have any -- any criticisms of how 14 your entity has handled those? 15 A. You're speaking globally, so, you know, 16 I can't think of anything specifically that I 17 would say we've handled poorly, no. 18 Q. Okay. And I'm -- I'm also just -- I'm 19 sensitive to mentioning any child by name. 20 We've -- there's been a lot of discussions about 21 that. 22 A. Uh-huh. 23 Q. And so when I talk about an instance of 24 a -- a child who died and issues relating to 25 particular children, we're -- we're trying not to</p> |

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| <p style="text-align: right;">Page 366</p> <p>1 talk about individual names, which is why it's a 2 little vague. 3 Does that make sense? 4 A. Sure. Yes. 5 Q. So in terms of -- 6 A. Appreciate that. 7 Q. -- any of the accounts that have 8 appeared in the press talking about problems with 9 drug exposure of children and the possible role 10 of Summit County Children's Services, you're not 11 critical of the performance of your group, 12 correct? 13 A. No, I'm not. 14 MR. ALEXANDER: Okay. Why don't we take 15 a break, and we'll see whether I have additional 16 questioning or -- 17 THE WITNESS: Okay. 18 MR. ALEXANDER: -- anybody else does. 19 THE WITNESS: Okay. 20 THE VIDEOGRAPHER: Off the record at 21 4:51 p.m. 22 (Recess taken.) 23 THE VIDEOGRAPHER: Back on the record at 24 5:09 p.m. 25 BY MR. ALEXANDER:</p> | <p style="text-align: right;">Page 368</p> <p>1 A. I -- I really don't. 2 Q. Same questions for Cardinal Health. Do 3 you know anything about them? 4 A. Nothing specific. 5 Q. Do you know anything about what they 6 have to do with the distribution of prescription 7 opioids to Summit County? 8 A. Not specifically. 9 Q. Do you know anything about their role in 10 this case at all? 11 A. Not specifically. 12 Q. Do you have any personal knowledge of 13 anything that McKesson ever did or didn't do with 14 regard to prescription opioids? 15 A. Not specifically. 16 Q. Do you have any knowledge of anything 17 about McKesson in terms of their role in this 18 case? 19 MS. FLOWERS: Objection. Asked and 20 answered. 21 THE WITNESS: Not specifically. 22 BY MR. ALEXANDER: 23 Q. For any of the distributors, any 24 distributors large and small, any company that 25 ever distributed prescription opioids that they</p> |
| <p style="text-align: right;">Page 367</p> <p>1 Q. Is there any of your testimony thus far 2 you need to change or supplement or -- in any 3 way? 4 A. I don't believe so. 5 Q. I'm going to reiterate my position 6 relating to document production, and then I've 7 just got a handful of questions, and then pass 8 you on to the codefendants for their questioning 9 subject to our reservations about documents and 10 some of the other issues that have come up. 11 Now, at the start of this, I asked you 12 about allegations in the case relating to various 13 defendants including the defendants I referred to 14 as the distributors. Remember those questions? 15 A. Yes. 16 Q. Okay. Do you know, based on your own 17 personal knowledge, any facts at all relating to 18 AmerisourceBergen Drug Corporation? 19 A. No, I don't. 20 Q. Do you know who they are? Do you know 21 what they do? Do you know anything about them? 22 A. Not really, no. 23 Q. Do you know what, if anything, they have 24 to do with the distribution of prescription 25 opioids to Summit County?</p> | <p style="text-align: right;">Page 369</p> <p>1 didn't manufacture or dispense in a retail 2 fashion, the distributors, do you know anything 3 about any of them in regards to anything about 4 this case? 5 MS. FLOWERS: Object to the form. 6 THE WITNESS: Not specifically. 7 BY MR. ALEXANDER: 8 Q. Okay. Do you intend to gain information 9 about any of the distributors to be able to offer 10 any testimony specific to them or to the 11 distributors as a whole? 12 MS. FLOWERS: Objection. Calls for 13 speculation. 14 THE WITNESS: Not unless I need to, no. 15 BY MR. ALEXANDER: 16 Q. Do -- do you -- I -- I know that there 17 may be things that come up and conversations you 18 have with lawyers and all sorts of stuff, but 19 you, to, like, do your job in Summit County 20 Children's Services, do you intend to gain any 21 information to be able to testify about anything 22 relating to anything a distributor ever did or 23 didn't do? 24 MS. FLOWERS: Object to the form. 25 THE WITNESS: I don't really think that</p> |

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| <p style="text-align: right;">Page 370</p> <p>1 has anything to do with me doing my job. I'm -- 2 I'm really here to talk about how this impacts my 3 system, so I -- no, really, I -- I don't. 4 BY MR. ALEXANDER: 5 Q. And subject to the documents that we 6 have, I've tried to be thorough in asking you 7 about everything you know and can say and can't 8 say relating to the impact on your job and your 9 department of what you understand to be related 10 to heroin abuse, opiate abuse, and opioid abuse. 11 Do you have anything else to add on any 12 of those subjects that we haven't already 13 covered? 14 MS. FLOWERS: Object to the form. 15 THE WITNESS: No. I mean, I guess the 16 only other thing that I would really add is -- 17 since you're just opening the door for me to say 18 whatever I want, I guess -- I -- I feel like, you 19 know, we're really trying to pin this down to 20 data and numbers very specifically, and that's 21 kind of been what this is about. 22 And I really do believe that, you know, 23 my 28 years of experience in working in child 24 welfare and watching what has happened to 25 children and families is a really big piece of</p> | <p style="text-align: right;">Page 372</p> <p>1 your questions have been very data driven and 2 document driven, but there is more to the story 3 than the data and documents and statistics. 4 BY MR. ALEXANDER: 5 Q. Well, I've asked you a number of times 6 if you had specific experiences with patients or 7 with facts relating to what you believe was 8 illustrative of the impact of the heroin epidemic 9 or opiate crisis, however it's been characterized 10 at different points in time, on Cuyahoga -- on 11 Summit County Children's Services. 12 Do you have any examples like that? Do 13 you have specific instances you can talk about? 14 MS. FLOWERS: Object to the form of the 15 question. Asked and answered; lack of 16 foundation. 17 THE WITNESS: I mean, I have many 18 examples of, you know, very specific situations 19 where I know that children have been harmed. I 20 know that parents have died. I know that parents 21 have overdosed frequently. I know that my 22 caseworkers have struggled with, you know, 23 telling a child that their parent is deceased. 24 Removing a child from a home because 25 their parents have addiction issues and the</p> |
| <p style="text-align: right;">Page 371</p> <p>1 how we analyze what we do and what's impacting 2 our system. 3 BY MR. ALEXANDER: 4 Q. And observations that you've had over 5 the last, let's say, 12 years going back to 2006, 6 including the time when you had your prior 7 position with Summit County, any observations you 8 had about what you believe was the impact of 9 opioid use, opiate use, heroin, or any other drug 10 of abuse would be memorialized in documents that 11 you created at the time, correct? 12 MS. FLOWERS: Object to the form. Lack 13 of foundation. 14 THE WITNESS: Not necessarily. Again, 15 I -- I think this -- you know, it isn't always 16 about documents and data. It's really, you know, 17 a -- about what I've observed, what I've 18 witnessed, what I've seen in years of experience, 19 what I've heard from my staff, what I see in my 20 caseworkers, the conversations that I have, not 21 only in the community but with my staff, 22 specifically about what they're saying, what 23 they're dealing with every day. 24 And I don't feel like we had any of 25 those conversations, which I understand. I mean,</p> | <p style="text-align: right;">Page 373</p> <p>1 trauma of removal alone is -- is a significant 2 trauma for children. 3 So, yeah, there's -- there's -- there's 4 endless examples of those kinds of scenarios that 5 go into my analysis and my reaction to how I 6 responded to this issue. 7 MR. ALEXANDER: Okay. 8 MS. NADEL: Not to interrupt, but 9 someone on the phone can't hear. Do we know if 10 there's an issue with the audio? I just got an 11 e-mail that somebody can't hear. 12 MR. ALEXANDER: Don't know. 13 MS. NADEL: Is it on mute? 14 MR. ALEXANDER: It doesn't light up or 15 not light up when you push it. So I -- I don't 16 think this is a good time to interrupt. 17 BY MR. ALEXANDER: 18 Q. The examples you just referenced in the 19 abstract, can you say that any of them involved 20 people who were using prescription opioids 21 pursuant to prescription written for them at the 22 time the various adverse health consequences or 23 impact on the children occurred? 24 A. Well, I mean, I think, as I stated 25 earlier, I don't specifically know -- you know,</p> |

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| <p style="text-align: right;">Page 374</p> <p>1 I'm talking about opioids generally, and not 2 breaking it down to specific types. 3 You know, have there been cases where 4 I've known the type of drug? Absolutely. Was it 5 heroin or was it -- but, generally, we're looking 6 at it in, you know, the totality of the opioid 7 epidemic.</p> <p>8 Q. Okay. So sitting here today, when you 9 think about examples of these sorts of human 10 impacts of heroin abuse and opiate abuse, you 11 can't say that any of them involved somebody who 12 was actually taking a prescription opioid 13 pursuant to a prescription written for them at 14 the time of the events that you're talking about, 15 correct?</p> <p>16 MS. FLOWERS: Objection. Asked and 17 answered -- asked and answered; mischaracterizes 18 the witness's testimony.</p> <p>19 THE WITNESS: Again, I -- I don't 20 necessarily know the type of drug or what drug 21 they started with, so I wouldn't necessarily have 22 that.</p> <p>23 I -- I am aware that it is -- it is 24 different types of drugs. So it could be 25 prescription drugs. We do have cases where we</p> | <p style="text-align: right;">Page 376</p> <p>1 for a very high percentage of people. 2 BY MR. ALEXANDER: 3 Q. So in response to my last question, the 4 answer is: No. As I sit here today, I can't 5 tell you that any of these specific cases 6 involved somebody who started with a prescription 7 opioid written for them and then went on to 8 illegal heroin, correct?</p> <p>9 MS. FLOWERS: Objection. Argumentative; 10 misstates the witness's testimony.</p> <p>11 THE WITNESS: I can't specifically give 12 you a case example of that myself, no.</p> <p>13 BY MR. ALEXANDER: 14 Q. So when you've talked about that you can 15 identify cases where somebody was taking a 16 prescription opioid or where you know specific 17 cases that were -- you know which drug they were 18 taking in specific cases, how would we look at 19 those case files? How would we be able to 20 evaluate those case files or those case records 21 on SACWIS or some other case file to look at the 22 facts and figure out for ourselves if it supports 23 your recollection?</p> <p>24 MS. FLOWERS: Object to the form. 25 THE WITNESS: I don't think you would,</p> |
| <p style="text-align: right;">Page 375</p> <p>1 know it's prescription drugs. I might 2 necessarily not have that information. 3 When I have conversations with my staff, 4 when we have conversations in the community, we 5 talk about opioids generally. We don't get into 6 the specifics of that. So I really can't break 7 that down for you.</p> <p>8 BY MR. ALEXANDER:</p> <p>9 Q. Okay. So, again, I have another 10 specific focus question about the cases that 11 you're talking about. Can you say that any of 12 those people, where they were using some illegal 13 drug like heroin later, that any of them actually 14 started with a prescription opioid written for 15 them and taken by them pursuant to a 16 prescription?</p> <p>17 MS. FLOWERS: Objection. Asked and 18 answered.</p> <p>19 THE WITNESS: I think, you know, my 20 answer earlier was I don't think necessarily we 21 track that. Do my staff know that? Perhaps. I 22 wouldn't know that.</p> <p>23 You know, I'm kind of, again, generally 24 applying what we know statistically occurs around 25 heroin, having started with prescription drugs</p> | <p style="text-align: right;">Page 377</p> <p>1 frankly, because the information in the case 2 records is confidential and protected in a number 3 of ways. So I -- we wouldn't provide 4 case-specific information to -- on that.</p> <p>5 BY MR. ALEXANDER: 6 Q. Right. So in federal court like this, 7 where we have discovery, if you want to talk 8 about something that you say occurred and you say 9 the underlying facts of it are confidential, that 10 potentially creates an issue.</p> <p>11 So I want to make sure that I've 12 explored this adequately so that if we have to 13 file motions and follow-up with the court, we can 14 do so.</p> <p>15 You believe that any examples that you 16 have in your head of actual cases that you've 17 heard about or you've been involved in where 18 there was something that -- bad happened, like 19 a -- a child observing a parent dying or some 20 other bad situation that you would say is an 21 example of the impact of opioids or opiates or 22 heroin on Children's Services would require 23 evaluating confidential information on cases that 24 you could identify but wouldn't be willing to 25 because, from your perspective, it would be a</p> |

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| <p style="text-align: right;">Page 378</p> <p>1 breach of confidentiality; is that correct?</p> <p>2 MS. FLOWERS: Object to the monologue</p> <p>3 and to the characterization of the witness's</p> <p>4 testimony and the form and lack of foundation.</p> <p>5 THE WITNESS: Well, let me clarify.</p> <p>6 I -- I don't have examples for you that are</p> <p>7 specific to a particular client who started on</p> <p>8 one drug and ended up on another.</p> <p>9 I -- I think I said that clearly, that I</p> <p>10 am making some assumptions, again, statistically</p> <p>11 based on what I know happens with heroin use. So</p> <p>12 I don't have specific examples of cases.</p> <p>13 I believe some caseworkers may have some</p> <p>14 cases where they know that occurred, but they</p> <p>15 don't necessarily know that either. So if they</p> <p>16 have a client who is currently testing positive</p> <p>17 or admitting to use of heroin, they may not know</p> <p>18 where that started.</p> <p>19 BY MR. ALEXANDER:</p> <p>20 Q. Okay. So for any example based on an</p> <p>21 individual case where you can say, "I know that</p> <p>22 in the case of Jane Doe this bad thing happened</p> <p>23 because of something about drug addiction, and it</p> <p>24 had a horrible impact on a child or it had a</p> <p>25 secondary impact on a caseworker or it was some</p> | <p style="text-align: right;">Page 380</p> <p>1 said I don't have examples of that.</p> <p>2 BY MR. ALEXANDER:</p> <p>3 Q. Okay. And even if you could identify</p> <p>4 examples, your view is that you wouldn't be</p> <p>5 willing to share them because it would involve</p> <p>6 looking at confidential information like patient</p> <p>7 names, potentially children names --</p> <p>8 MS. FLOWERS: Same objection.</p> <p>9 BY MR. ALEXANDER:</p> <p>10 Q. -- or client names?</p> <p>11 A. Correct.</p> <p>12 Q. So at trial, you don't intend to talk</p> <p>13 about any specific examples, right?</p> <p>14 MS. FLOWERS: Object to form. Calls for</p> <p>15 speculation.</p> <p>16 THE WITNESS: No, I -- I don't.</p> <p>17 BY MR. ALEXANDER:</p> <p>18 Q. I'm sorry?</p> <p>19 A. I said no, I don't.</p> <p>20 MR. ALEXANDER: Okay. So subject to our</p> <p>21 prior reservations and whatever issues we have to</p> <p>22 deal with on motion, whatever those would be, I</p> <p>23 was going to pass to the manufacturers and other</p> <p>24 defendants for their questioning.</p> <p>25 I would suggest that we just go off the</p> |
| <p style="text-align: right;">Page 379</p> <p>1 other -- in some other way, it was a great</p> <p>2 example of what I've been talking about," if</p> <p>3 there are examples like that, you wouldn't be</p> <p>4 willing to let us look at those case files to</p> <p>5 figure out what the file actually says, correct?</p> <p>6 MS. FLOWERS: Object to the form. Lack</p> <p>7 of foundation; misstates the witness's testimony.</p> <p>8 THE WITNESS: I wouldn't necessarily</p> <p>9 know what cases those are, so I --</p> <p>10 BY MR. ALEXANDER:</p> <p>11 Q. Okay.</p> <p>12 A. -- I couldn't say, you know, it's a</p> <p>13 particular case. So, no, I -- I couldn't say,</p> <p>14 "This case you can look at; that case you can't,"</p> <p>15 so I wouldn't be able to do that.</p> <p>16 Q. So let's make it a two-step process.</p> <p>17 Can you identify with any degree of</p> <p>18 particularity, whether they be case file numbers</p> <p>19 or names, any of the actual cases that you're</p> <p>20 kind of relying on in your head as examples of</p> <p>21 the sorts of things that you've been talking</p> <p>22 about of the -- the human impact of the opiate</p> <p>23 epidemic?</p> <p>24 MS. FLOWERS: Form.</p> <p>25 THE WITNESS: I -- I think I already</p> | <p style="text-align: right;">Page 381</p> <p>1 record for five seconds while we shift seats.</p> <p>2 MS. FLOWERS: Okay. Before we go off</p> <p>3 the record, we'll just state on behalf of the</p> <p>4 plaintiff that we believe the documents have all</p> <p>5 been produced for this witness.</p> <p>6 ---</p> <p>7 EXAMINATION</p> <p>8 BY MS. NADEL:</p> <p>9 Q. It's been a long day. I just want to</p> <p>10 remind you of who I am. My name is Heidi Nadel.</p> <p>11 I represent Insys Therapeutics, Inc. And I only</p> <p>12 have a couple of questions for you.</p> <p>13 MS. NADEL: Are we good? Are we good?</p> <p>14 Okay.</p> <p>15 BY MS. NADEL:</p> <p>16 Q. We've talked a lot today about variously</p> <p>17 called opioid, opiate epidemic or crisis. Is it</p> <p>18 okay if in my questions I refer to "the opiate</p> <p>19 epidemic," and it will mean all of the things</p> <p>20 that have been used today as opioid crisis,</p> <p>21 opiate epidemic, however it's been used in the</p> <p>22 documents, we have one term I can use?</p> <p>23 A. Yes. That's fine with me. That's</p> <p>24 generally how I have been characterizing it today</p> <p>25 as well.</p> |

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| <p style="text-align: right;">Page 382</p> <p>1 Q. Okay. And we've talked a lot about 2 effects from the opiate epidemic. I want to ask 3 you if you have any knowledge about the cause of 4 the opiate epidemic.</p> <p>5 A. Uh-huh.</p> <p>6 MS. FLOWERS: Object to the form.</p> <p>7 THE WITNESS: My knowledge about the 8 cause of the opiate epidemic is it's a -- a 9 number of variables. It is overprescribing of 10 opioids. It is the addictive nature of opioids 11 that leads people to other drugs, heroin 12 specifically. It is about the misinformation 13 related to doctors as well as patients about the 14 nonaddictive nature of opioids. I think it is 15 about a culture being created of lack -- no pain 16 tolerance.</p> <p>17 So I think it's a number of things that 18 have gotten us to where we are. And, then, I 19 think a lack of the ability of the community to 20 be prepared and respond and to anticipate that 21 this was going to occur, so it really got out of 22 hand.</p> <p>23 We weren't prepared with treatment for 24 the addiction. We weren't prepared for detox for 25 some of these individuals. I just don't think we</p> | <p style="text-align: right;">Page 384</p> <p>1 THE WITNESS: I think this was similar 2 to the questions that we just went through a few 3 minutes ago. I don't have anything specific to 4 any particular manufacturer or distributor.</p> <p>5 BY MS. NADEL:</p> <p>6 Q. Do you have any information about what 7 any manufacturer of opioids did specifically 8 to -- to manufacture opioids irresponsibly?</p> <p>9 MS. FLOWERS: Same objection.</p> <p>10 THE WITNESS: I don't -- I have, I 11 guess, the same answer. Not specifically.</p> <p>12 BY MS. NADEL:</p> <p>13 Q. Would it be the same answer if I asked 14 you: Do you have any knowledge about what any 15 individually named manufacturer in this case did 16 to market opioids irresponsibly?</p> <p>17 MS. FLOWERS: Same objection.</p> <p>18 THE WITNESS: Just generally, not 19 specifically, that some of the things that I was 20 just talking about related to providing, you 21 know, inaccurate information, false information 22 about the addictive qualities of drugs, and 23 creating that culture of, you know, that there 24 should be no tolerance for pain, those kinds of 25 things. Yeah.</p> |
| <p style="text-align: right;">Page 383</p> <p>1 were prepared to respond because it happened 2 rather rapidly when you look at it from a 3 historical perspective that this -- this got 4 ahead of us.</p> <p>5 Q. And earlier in your testimony -- and I'm 6 not going to put words into your mouth, but I 7 wrote them down to try to get as close as I could 8 and tell me if this is right. Early in the day 9 you were asked about if you understood what 10 this -- or had an understanding what this case 11 was about generally or what the defendants were 12 supposed to have done wrong.</p> <p>13 And you said something like 14 manufacturing, distributing, and marketing 15 opioids irresponsibly. Do you remember that?</p> <p>16 A. Yes.</p> <p>17 Q. Did I -- did I say that correctly?</p> <p>18 A. I think that's exactly what I said.</p> <p>19 Q. And "irresponsibly," is that your word?</p> <p>20 A. Yes.</p> <p>21 Q. Do you have any knowledge about what any 22 individual manufacturer named in this case did to 23 manufacture an opioid irresponsibly?</p> <p>24 MS. FLOWERS: Objection. Asked and 25 answered.</p> | <p style="text-align: right;">Page 385</p> <p>1 BY MS. NADEL:</p> <p>2 Q. Which manufacturer defendants named in 3 this case did those things?</p> <p>4 MS. FLOWERS: Objection. Asked and 5 answered.</p> <p>6 THE WITNESS: I don't -- I don't know 7 specifically. You know, my assumption is all of 8 them since they're all named as parties in the 9 case.</p> <p>10 BY MS. NADEL:</p> <p>11 Q. Do you personally know whether any of 12 them did?</p> <p>13 MS. FLOWERS: Object to the form.</p> <p>14 THE WITNESS: I don't know anything 15 specific.</p> <p>16 BY MS. NADEL:</p> <p>17 Q. Do you know anything generally?</p> <p>18 MS. FLOWERS: Object to the form.</p> <p>19 THE WITNESS: Other than what I just 20 said about, you know, what my understanding is of 21 the lawsuit and why.</p> <p>22 BY MS. NADEL:</p> <p>23 Q. So what you're telling me is your 24 understanding of what the allegations are; is 25 that right?</p> |

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| <p style="text-align: right;">Page 386</p> <p>1 A. That's right.</p> <p>2 Q. You're not telling me you have knowledge 3 about whether those are true or not, correct?</p> <p>4 MS. FLOWERS: Object to the form.</p> <p>5 THE WITNESS: I'm not saying that I know 6 that those are true or not specific to these 7 manufacturers. I believe that that has occurred 8 in our community and is the reason for the opiate 9 epidemic.</p> <p>10 BY MS. NADEL:</p> <p>11 Q. And when you refer to inaccurate, false 12 information about addictive quality of drugs, are 13 you aware of any specific statements any 14 manufacturer defendant named in this case made?</p> <p>15 A. I am not aware of specific statements, 16 no.</p> <p>17 Q. Are you aware of anything that the 18 manufacturers named in this case did to misinform 19 doctors or patients?</p> <p>20 A. Not specifically.</p> <p>21 Q. Are you aware of any role that any 22 manufacturer named in this case had in 23 overprescribing of opioids?</p> <p>24 MS. FLOWERS: Objection. Asked and 25 answered.</p> | <p style="text-align: right;">Page 388</p> <p>1 Thank you.</p> <p>2 MS. FLOWERS: Thank you. We still on?</p> <p>3 THE VIDEOGRAPHER: Yeah.</p> <p>4 ---</p> <p>5 EXAMINATION</p> <p>6 BY MR. SCHUTTE:</p> <p>7 Q. Good afternoon, Ms. Barnes. My name is 8 Scott Schutte. I represent Rite Aid.</p> <p>9 I want to ask you some questions that --</p> <p>10 I'll try not to duplicate what Ms. Nadel just --</p> <p>11 just asked about.</p> <p>12 With respect to Rite Aid, CVS, Walgreens 13 and Walmart -- who I think you acknowledged early 14 on today that you were aware they were 15 Defendants, correct?</p> <p>16 A. Correct.</p> <p>17 Q. Okay. What is it that you understand 18 that Rite Aid, CVS, Walgreens, and Walmart 19 allegedly did wrong?</p> <p>20 A. They would be the distributors of the 21 opioid medications, so distributing them, again, 22 with -- under the pretenses of the nonaddictive 23 qualities of medications, things like that.</p> <p>24 Q. Let me focus on your last part of your 25 answer about un- -- under the pretenses of</p> |
| <p style="text-align: right;">Page 387</p> <p>1 THE WITNESS: Not specifically.</p> <p>2 BY MS. NADEL:</p> <p>3 Q. Do you know anything about the 4 legalities of what manufacturing defendant -- 5 what manufacturers are allowed to say and do with 6 respect to marketing opioids?</p> <p>7 MS. FLOWERS: Objection. Calls for 8 legal conclusion.</p> <p>9 THE WITNESS: I don't -- I don't know 10 what they're legally allowed to say or not say. 11 I assume as long as they're providing accurate 12 and honest information, they're probably allowed 13 to say it. I don't --</p> <p>14 BY MS. NADEL:</p> <p>15 Q. You don't have any specific knowledge 16 about the Food and Drug Administration's 17 regulation of opioids, do you?</p> <p>18 A. Not specifically.</p> <p>19 Q. Or about any other regulation of 20 marketing of opioids, right?</p> <p>21 A. No.</p> <p>22 MS. FLOWERS: Object to the form.</p> <p>23 THE WITNESS: No, I don't.</p> <p>24 MS. NADEL: Subject to the same 25 reservation, which we'll just adopt, I'm all set.</p> | <p style="text-align: right;">Page 389</p> <p>1 nonaddictive qualities. And let me break it down 2 to each of the retail pharmacies one by one.</p> <p>3 What did Rite Aid do, in your mind, to 4 dispense drugs in a context of not revealing the 5 addictive qualities, as you said?</p> <p>6 A. I don't have any specific information 7 about Rite Aid or any of the others.</p> <p>8 Q. Okay. Do you have any general 9 information about what the distributors -- a 10 retail distributor like Rite Aid, CVS, Walgreens, 11 or Walmart did to be held responsible for the 12 damages that are being sought in this case?</p> <p>13 A. No, I don't.</p> <p>14 Q. Okay. One other line of questioning. I 15 know that you testified several times today about 16 what you believe is a connection between the use 17 of legal -- you know, the taking opiates pursuant 18 to a legal prescription, then ultimately 19 transitioning to using illegal opiates, correct?</p> <p>20 A. Correct.</p> <p>21 MS. FLOWERS: Object to the form.</p> <p>22 BY MR. SCHUTTE:</p> <p>23 Q. Mr. Alexander asked you some questions 24 early on saying: "What is the basis of that?"</p> <p>25 And I believe you said one American Medical</p> |

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| <p style="text-align: right;">Page 390</p> <p>1 Association study.</p> <p>2 MS. FLOWERS: Object to the form.</p> <p>3 THE WITNESS: I believe I mentioned</p> <p>4 that. It's the specific one that I recall.</p> <p>5 BY MR. SCHUTTE:</p> <p>6 Q. Okay. Do you remember the name of it?</p> <p>7 A. It was in a journal article. No, I</p> <p>8 don't remember the name of the article.</p> <p>9 Q. Okay. Other than that single AMA</p> <p>10 article you don't remember the name of, is there</p> <p>11 any other basis for your testimony on several</p> <p>12 occasions today that you believe that there is a</p> <p>13 statistical correlation between the use of heroin</p> <p>14 and the -- the use of heroin that stems from the</p> <p>15 use of opiates pursuant to a legal prescription?</p> <p>16 MS. FLOWERS: Object to the form. Asked</p> <p>17 and answered.</p> <p>18 THE WITNESS: I -- that -- that's</p> <p>19 certainly been something that I -- I think is</p> <p>20 commonly talked about in conferences, trainings,</p> <p>21 you know, talking with community partners who</p> <p>22 have, you know, knowledge about the opiate</p> <p>23 epidemic, staff and experts from our ADM board,</p> <p>24 for example.</p> <p>25 So also, just generally, conversations</p> | <p style="text-align: right;">Page 392</p> <p>1 assertion that you know --</p> <p>2 What percentage of folks who use heroin</p> <p>3 started with -- started as a heroin user versus</p> <p>4 started as a user of opiates pursuant to a legal</p> <p>5 presentation?</p> <p>6 A. You know, my recollection, and, again,</p> <p>7 reading in various conversations, is that it's a</p> <p>8 very strong correlation in the 80 to 85 percent</p> <p>9 range.</p> <p>10 Q. All right. And the specific example you</p> <p>11 gave me or as specific as you could be was an</p> <p>12 American Medical Association article. Are there</p> <p>13 any other specific articles, not conversations</p> <p>14 unless it's a specific conversation, not</p> <p>15 trainings unless it's a specific training? Can</p> <p>16 you give me specific examples that lead you to</p> <p>17 the 80 to 85 percent number?</p> <p>18 MS. FLOWERS: Objection. Asked and</p> <p>19 answered.</p> <p>20 THE WITNESS: No, I don't have a</p> <p>21 specific example.</p> <p>22 MR. SCHUTTE: Okay. Subject to the same</p> <p>23 reservations, that's all I have.</p> <p>24 THE WITNESS: Thank you.</p> <p>25 MS. FLOWERS: Can we go off just a</p> |
| <p style="text-align: right;">Page 391</p> <p>1 with community partners and in trainings as well.</p> <p>2 BY MR. SCHUTTE:</p> <p>3 Q. Can you give me the specifics of the --</p> <p>4 this factual basis for your assertion that --</p> <p>5 well, let me step back.</p> <p>6 I understood from the questions that --</p> <p>7 that Mr. Alexander just asked you that you're not</p> <p>8 able to go back and look at particular files and</p> <p>9 determine whether a heroin user started as a</p> <p>10 heroin user, started as a illegal user of -- of</p> <p>11 opiates, or started as a user of -- appropriate</p> <p>12 user of opiates pursuant to prescription and</p> <p>13 became a heroin addict, correct?</p> <p>14 MS. FLOWERS: Object to the form.</p> <p>15 BY MR. SCHUTTE:</p> <p>16 Q. You can't tell -- you can't tell and</p> <p>17 trace back from the heroin user back to the</p> <p>18 origin, can you?</p> <p>19 MS. FLOWERS: Object to the form and the</p> <p>20 mischaracterization of the witness's testimony.</p> <p>21 THE WITNESS: We can't run any kind of</p> <p>22 report that would give us that type of</p> <p>23 information.</p> <p>24 BY MR. SCHUTTE:</p> <p>25 Q. All right. So the basis for your</p> | <p style="text-align: right;">Page 393</p> <p>1 moment?</p> <p>2 THE VIDEOGRAPHER: Going off the record</p> <p>3 at 5:37 p.m.</p> <p>4 (Off the record.)</p> <p>5 THE VIDEOGRAPHER: Back on the record at</p> <p>6 5:38 p.m.</p> <p>7 MS. FLOWERS: Plaintiffs have no</p> <p>8 questions for the witness.</p> <p>9 Thank you very much, Ms. Barnes.</p> <p>10 MS. NADEL: Thank you very much for your</p> <p>11 time.</p> <p>12 THE WITNESS: Thank you all.</p> <p>13 THE VIDEOGRAPHER: Off the record at</p> <p>14 5:38 p.m.</p> <p>15 (Signature not waived.)</p> <p>16 - - -</p> <p>17 (Thereupon, the video deposition</p> <p>18 concluded at 5:37 p.m. on Monday,</p> <p>19 December 3, 2018.)</p> <p>20 - - -</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> |

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| <p>1 C E R T I F I C A T E 2 --- 3 State of Ohio, : 4 SS: 5 --- 6 I, Linda D Riffle, Registered Diplomate Reporter, Certified Realtime Reporter, Certified 7 Realtime Captioner, and Notary Public in and for the State of Ohio, hereby certify that the 8 foregoing is a true and accurate transcript of the deposition testimony, taken under oath on the 9 date hereinbefore set forth, of Julie Barnes I further certify that I am neither 10 attorney or counsel for, nor related to or employed by any of the parties to the action in 11 which the deposition was taken; and further that I am not a relative or employee of any attorney 12 or counsel employed in this case, nor am I financially interested in the action; and further 13 that I am not under a contract as defined in Ohio Civil Rule 28(D) 14 15 16 _____ 17 Linda D Riffle, Registered Diplomate Reporter, Certified 18 Realtime Reporter, Certified Realtime 19 Captioner, and Notary Public in and for the 20 State of Ohio 21 My Commission Expires: July 26, 2021 22 --- 23 24 25</p> | <p>Page 394</p> <p>1 D E P O S I T I O N R E V I E W C E R T I F I C A T I O N O F W I T N E S S 2 3 A S S I G N M E N T R E F E R E N C E N O : 3 1 3 3 2 2 0 4 C A S E N A M E : In Re: National Prescription Opiate Litigation DATE OF DEPOSITION: 12/3/2018 4 W I T N E S S ' N A M E : Julie Barnes 5 In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me 7 I have made no changes to the testimony as transcribed by the court reporter 8 9 Date Julie Barnes 10 Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that: 12 They have read the transcript; 13 They signed the foregoing Sworn Statement; and 14 Their execution of this Statement is of their free act and deed 15 I have affixed my name and official seal 16 this _____ day of _____, 20_____ 17 18 _____ 19 Notary Public Commission Expiration Date 20 21 22 23 24 25</p> |
| <p>1 V e r i t e x t L e g a l S o l u t i o n s 1100 Superior Ave 2 Suite 1820 3 Cleveland, Ohio 44114 4 Phone: 216-523-1313 5 6 December 6, 2018 To: Jodi Westbrook Flowers, Esq 7 Case Name: In Re: National Prescription Opiate Litigation Veritext Reference Number: 3133220 8 Witness: Julie Barnes Deposition Date: 12/3/2018 9 Dear Sir/Madam: 10 Enclosed please find a deposition transcript Please have the witness review the transcript and note any changes or corrections on the 13 included errata sheet, indicating the page, line number, change, and 14 the reason for the change Have the witness' signature notarized and 15 forward the completed page(s) back to us at the Production address 16 shown 17 above, or email to production-midwest@veritext.com 18 If the errata is not returned within thirty days of your receipt of 19 this letter, the reading and signing will be deemed waived 20 Sincerely, 21 Production Department 22 23 24 25 NO NOTARY REQUIRED IN CA</p> | <p>Page 395</p> <p>1 D E P O S I T I O N R E V I E W C E R T I F I C A T I O N O F W I T N E S S 2 3 A S S I G N M E N T R E F E R E N C E N O : 3 1 3 3 2 2 0 4 C A S E N A M E : In Re: National Prescription Opiate Litigation DATE OF DEPOSITION: 12/3/2018 4 W I T N E S S ' N A M E : Julie Barnes 5 In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me 7 I have listed my changes on the attached Errata Sheet, listing page and line numbers as 8 well as the reason(s) for the change(s) 9 I request that these changes be entered as part of the record of my testimony 10 I have executed the Errata Sheet, as well 11 as this Certificate, and request and authorize that both be appended to the transcript of my 12 testimony and be incorporated therein 13 14 Date Julie Barnes 15 Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear 16 and acknowledge that: 17 They have read the transcript; 18 They have listed all of their corrections in the appended Errata Sheet; 19 They signed the foregoing Sworn Statement; and 20 Their execution of this Statement is of their free act and deed 21 I have affixed my name and official seal 22 this _____ day of _____, 20_____ 23 24 _____ 25 Notary Public Commission Expiration Date</p> |

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| <p>1 ERRATA SHEET 2 VERITEXT LEGAL SOLUTIONS MIDWEST 3 ASSIGNMENT NO: 12/3/2018 4 PAGE/LINE(S) / CHANGE /REASON 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____ 17 _____ 18 _____ 19 _____</p> <p>20 Date Julie Barnes 21 SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ 22 DAY OF _____, 20 _____. 23 _____ 24 Notary Public 25 Commission Expiration Date</p> | Page 398 |
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1 C E R T I F I C A T E

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3 State of Ohio, :
4 County of Franklin, : SS:

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6 I, Linda D. Riffle, Registered Diplomate
7 Reporter, Certified Realtime Reporter, Certified
Realtime Captioner, and Notary Public in and for
the State of Ohio, hereby certify that the
8 foregoing is a true and accurate transcript of
the deposition testimony, taken under oath on the
9 date hereinbefore set forth, of Julie Barnes.

I further certify that I am neither
10 attorney or counsel for, nor related to or
employed by any of the parties to the action in
11 which the deposition was taken; and further that
I am not a relative or employee of any attorney
12 or counsel employed in this case, nor am I
financially interested in the action; and further
13 that I am not under a contract as defined in Ohio
Civil Rule 28(D).

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Linda D. Riffle,
Registered Diplomate
Reporter, Certified
Realtime Reporter,
Certified Realtime
Captioner, and Notary
Public in and for the
State of Ohio

21 My Commission Expires: July 26, 2021

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[& - 15]

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES

ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1, 2016. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted fashion to authenticated parties who are permitted to access the material. Our data is hosted in a Tier 4 SSAE 16 certified facility.

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